LYNX FROM OTN

ONCOLOGY THERAPEUTICS NETWORK

RESPOND TO TODAY'S HEALTHCARE CHALLENGES WITH LYNX™

Lynx* is the point-of-care drug dispensing and tracking system developed specifically for office-based oncology practices. This easy-to-use, fully integrated system links ordering, dispensing, tracking, billing, and reporting—ending time and labor-intensive manual inventory management procedures, while simultaneously capturing treatment information for your practice.

Control Inventory

Automated inventory management means lower costs. Electronic refill, order tracking, and invoice reconciliation save your staff valuable time.

Capture Lost Revenue

Lynx automatically captures all charges at the point-of-use—enhancing your charge capture and billing accuracy.

Powerfully Manage Your Information

Drug utilization and cost information is captured at the time of transaction, providing comprehensive decision-making resources for your practice.

Lynx is fast and flexible, adapting to your changing needs. Its advanced medication and supply dispensing systems are manufactured by the Pyxis Corporation, the leader in point-of-care systems for inventory and cost management. Proprietary software is tailored specifically for the special requirements of the oncology office, with scheduling and billing interfaces available for many commonly used practice management software programs.

Call your OTN account representative for more information on the Lynx system.

* *Previously known as OPUS*

HEALTH & SAFETY

Continued from previous page

Spills occurring outside a BSC should be cleaned up immediately by personnel wearing a protective gown, double latex gloves, and splash goggles. An appropriate NIOSH-approved respirator should be used for either powder or liquid spills where airborne powder or aerosol is or has been generated. Absorbent gauze should be used to wipe up liquid spills and wet absorbent gauze used to pick up solids. A detergent solution should then be used three times on the spill area followed by clean water. A small scoop (never by hand) should be used to pick up any broken glass. Place glass fragments in a Sharps container, then place the Sharps container into a hazardous drug disposal bag along with used absorbent pads and any other contaminated waste. Contaminated reusable items (i.e., goggles, scoop) should be washed twice with detergent by a trained employee wearing double latex gloves and a gown. Large spills, greater than 5 ml or 5 gm, are managed in the same manner as described above. However, it is recommended to train specific individuals to respond to large spills. Large spills may require the use of additional materials, i.e., spill-control pads and pillows.

It has been our pleasure providing you with key information outlined in OSHA's *Controlling Occupational Exposure to Hazardous Drugs* in the last three issues of *The Network News*. If you would like to review the OSHA document, we encourage you to call OTN to receive a copy. It is important to follow health and safety requirements and regulations as specified by the manufacturer of the products, your employer, and local, state, and federal government.

[1]*OSHA Instruction TED 1.15, September 22, 1995, Office of Science and Technology Assessment.*

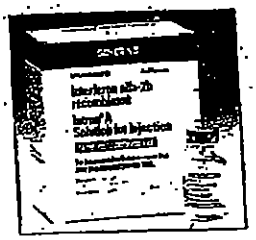
ONCOLOGY THERAPEUTICS NETWORK

ORIGINAL FORMULATION REINTRODUCED

Schering

Intron® A— HSA-Free and Original Formulation

(Interferon Alfa-2b, recombinant)*



Effective immediately, Schering is reintroducing Intron A Powder for Injection. OTN offers Intron A in the following sizes and formulations:

HSA-FREE SOLUTIONS* CATALOG NUMBER	NDC	HCPCS CODE	ITEM	UNIT SIZE	ORDER QTY	PRICE/ UNIT
220-151	0085-1184-01	J9214	Intron A solution	3 MIU/0.5 mL	1	$30.40
220-161	0085-1191-01	J9214	Intron A solution	5 MIU/0.5 mL	1	$50.70
220-171	0085-1179-01	J9214	Intron A solution	10 MIU/1 mL	1	$101.30
220-191	0085-1168-01	J9214	Intron A solution	18 MIU/MDV	1	$182.40
220-194	0085-1133-01	J9214	Intron A solution	25 MIU/MDV	1	$253.15

* Formulation is recommended for intramuscular, subcutaneous, or intralesional administration. Intron A solutions for injection are not recommended for IV administration.

HSA-Free Solution Paks						
220-156	0085-1184-02	J9214	Intron A solution, Pak-3	3 MIU	6	$30.40
220-166	0085-1191-02	J9214	Intron A solution, Pak-5	5 MIU	6	$50.70
220-174	0085-1179-02	J9214	Intron A solution, Pak-10	10 MIU	6	$101.30

Paks include six vials, six syringes, and six alcohol swabs

ORIGINAL FORMULATIONS** CATALOG NUMBER	NDC	HCPCS CODE	ITEM	UNIT SIZE	ORDER QTY	PRICE/ UNIT
220-150	0085-0647-03	J9214	Intron A powder	3 MIU	1	$30.40
220-160	0085-0120-02	J9214	Intron A powder	5 MIU	1	$50.70
220-170	0085-0571-02	J9214	Intron A powder	10 MIU	1	$101.30
220-175	0085-0285-02	J9214	Intron A powder	25 MIU	1	$253.15
220-186	0085-1110-01	J9214	Intron A powder	18 MIU/MDV	1	$182.40
220-180	0085-0539-01	J9214	Intron A powder	50 MIU/MDV	1	$506.70

** Formulation is recommended for intramuscular, subcutaneous, intralesional, or intravenous administration.

Call OTN at 1-800-482-6700 to place your order

Attention:
Effective 5/1/97, you will no longer be able to order product under the old NDC number.

ETHYOL® (Amifostine for Injection) NEW FORMULATION

alza PHARMACEUTICALS / US BIOSCIENCE

Alza Pharmaceuticals/US Bioscience are replacing refrigerated Ethyol with the new crystalline formulation, stable at room temperature. Prior to reconstitution, Ethyol can now be stored at room temperature. Ethyol is also now mannitol-free and no longer carries the contraindication in mannitol-sensitive patients.

Ethyol is indicated to reduce the cumulative renal toxicity associated with repeated administration of cisplatin in patients with advanced ovarian cancer or non-small cell lung cancer.

CATALOG NUMBER	NDC	HCPCS CODE	ITEM	UNIT SIZE	ORDER QTY	PRICE/ UNIT
902-500	17314-7253-03	J3490	Ethyol	500mg	1	$289.50

For medical questions on Ethyol, please call: 1-800-506-4959
For reimbursement questions on Ethyol, please call: 1-800-609-1083

Call OTN at 1-800-482-6700 to place your order

BP 01053 10A

GOOD NEWS FOR TAXOL® USERS AND OTHERS

TAXOL (Paclitaxel) Injection from Bristol-Myers Squibb has been cleared by the FDA for changes to the label.

✓TAXOL can now be shipped without refrigeration or insulation. The FDA has specified that all products be shipped so as not to affect potency or efficacy of the pharmaceutical. In stability tests, TAXOL has demonstrated no material loss of potency during transportation when exposed to temperatures up to 60°C/140°F.

✓TAXOL can now be stored at room temperature. This expands the FDA-cleared storage ranges for TAXOL to between 2° - 25°C (36° - 77°F). TAXOL is the only taxane cleared by the FDA to be stored at room temperature.

✓TAXOL shelf life has been extended. The FDA has extended the manufacturer shelf life to 24 months. The 100mg/17mL vial of TAXOL now reads 100mg/16.7mL to more accurately reflect vial fill. Expanded storage ranges and extended dating will make TAXOL storage easier and more efficient.

Improving our service to help make your job easier is all part of the Service Advantage. Let us know how we are doing.

Lisa Bartok, Manager, Customer Service

ONCOLOGY THERAPEUTICS NETWORK

ONCOLOGY DRUG UPDATES

Trimetrexate, Fluorouracil, and Leucovorin: An Active Regimen for Advanced Colorectal Cancer

Clinical Trial Updates

Blanke and colleagues conducted a phase II study using trimetrexate, fluorouracil, and leucovorin in 36 patients with unresectable or metastatic colorectal cancer.[1] Enrolled patients had not received prior treatment for advanced disease. Trimetrexate 110 mg/m² was given intravenously (i.v.) over 60 minutes on Day 1 followed 24 hours later by leucovorin 200 mg/m² i.v. over 60 minutes and 5-fluorouracil 500 mg/m² given as an i.v. bolus. Oral leucovorin 15 mg every six hours was continued for seven doses beginning six hours after 5-fluorouracil administration. This regimen was given weekly for six weeks followed by a two-week rest period. Cycles were repeated every eight weeks until disease progression, unacceptable toxicity, patient noncompliance, or patient request for discontinuation.

Thirty patients were evaluable for response. Patients received a median of 3.5 cycles of chemotherapy; median follow-up duration was 79 weeks. The median age of patients was 64 years. Two (7%) patients experienced a complete response, while 13 (43%) patients had a partial response to therapy, yielding an overall response rate of 50%. When calculating responses using an intent-to-treat model, the observed response was 42%. The median response duration was 15.5 weeks and the median time to progression was 25.7 weeks. The median survival duration was 53.4 weeks, with 16 patients being alive at the time of final analysis.

Clinical responses were observed at the cost of considerable toxicity. 58% of patients experienced grade III or IV diarrhea, which necessitated hospitalization in 39%. Grade III or IV nausea and vomiting was reported in 34%, and frequent complaints of abdominal pain were noted. Severe mucositis was not observed. Hematologic toxicity was generally low-grade; however, 9% of patients experienced grade III or IV neutropenia. Gram-negative sepsis was fatal in two of three patients in which it developed. 22% of patients had grade II anemia, while 6% had grade III anemia. No grade III or IV thrombocytopenia was observed. Grade IV renal insufficiency and grade III allergic reaction were each reported in one patient. Dosage reductions were required in 44% of patients as a result of toxicity.

Trimetrexate, 5-fluorouracil, and leucovorin appear to be an active regimen in patients with advanced colorectal cancer, although toxicity is considerable. It is unknown how this regimen compares to standard chemotherapy with 5-fluorouracil and leucovorin in this patient population. A current phase III trial comparing the three-drug regimen with a combination of 5-fluorouracil and leucovorin is ongoing.

[1. J Clin Oncol 1997;15(3):915-20.]

ONCOLOGY THERAPEUTICS NETWORK

ONCOLOGY DRUG UPDATES

Anagrelide (Agrylin®, Roberts Pharmaceuticals) for Thrombocytosis

FDA New Drug Approval

Anagrelide (Agrylin) received final FDA approval as a "1P" orphan drug on March 14, 1997 for the treatment of patients with essential thrombocythemia to reduce the elevated platelet count and the risk of thrombosis and to ameliorate associated symptoms.[1] Thrombocytosis, a well-recognized complication of chronic myeloproliferative diseases, may result in bleeding or thrombosis. Traditionally, platelet apheresis, hydroxyurea, alkylating agents, radioactive phosphorus, and interferon have been used in patients with these disorders to decrease the platelet count. Unfortunately, some of these therapies are associated with unacceptable side effects including constitutional symptoms, leukopenia, and/or the promotion of leukemogenesis. Anagrelide, a quinazolin derivative, effectively reduces platelet counts in patients with thrombocytosis without altering the leukocyte count and it is not known to be leukemogenic. Therapeutic concentrations of anagrelide decrease platelet production by reducing megakaryocyte size and ploidy and by interfering with megakaryocyte maturation.[2]

The Anagrelide Study Group reported experience in 577 patients treated with anagrelide for thrombocythemic states.[3] Diseases treated included essential thrombocythemia (ET)(n=335), chronic myelogenous leukemia (CML)(n=114), polycythemia vera (PV)(n=68), and undifferentiated myeloproliferative diseases (n=60). Five-hundred and four patients had previously received treatment for thrombocytosis. Platelet counts prior to enrollment had to be at least 900,000/mm³. Patients were eligible for evaluation if they received anagrelide for at least 4 weeks. Initially, doses of 1 mg orally every six hours were given. The starting dose was decreased to 0.5 mg orally every six hours when it became evident that larger doses were usually not required. An increase of 0.5 mg/day was allowed every 5 to 7 days if platelet numbers did not decrease. Four-hundred and twenty four of the 577 patients treated were evaluable for response. A response was defined as a 50% reduction in platelet count from pretreatment levels or to less than 600,000/mm³ (for those with baseline counts less than 1,200,000/mm³) for at least 28 days. Doses of 0.5 to 1 mg four times a day produced a reponse in 396 of the 424 (93%) evaluable patients. The median dose required to produce a response was 2.57 mg/day. The median time to complete response ranged from 2.6 to 3.9 weeks, and the median duration of first response ranged from 7.7 months for PV patients to 28.6 months for ET patients, with an overall median response duration of 16.7 months. The maintenance dose required was 1.7 to 2.8 mg/day. Anagrelide has been combined with hydroxyurea in patients with CML without the observation of enhanced toxicity.

An update on the experience with anagrelide in 942 patients with thrombocythemia was reported recently by Petitt and colleagues.[4] This report included 546 patients with ET, 113 patients with PV, 179 patients with CML, and 108 patients with other or undifferentiated myeloproliferative diseases; minimum duration of treatment with anagrelide was four years. The mean age of the studied population was 58 years. 86% of patients had received previous therapy to decrease platelet numbers. The clinical criteria necessary for the initiation of anagrelide therapy was similar to that reported in the initial Anagrelide Study Group report.[3] The overall response rate (complete and partial) was 79%. Response rates at the Mayo Clinic were 85% in PV, 94% in ET, and 95% in the remainder of patients. Including all treatment sites, response rates were 74%, 82%, 73%, and 83% for PV, ET, CML, and other myeloproliferative diseases, respectively.

The most common adverse effects associated with anagrelide include headache (37%), palpitations (26%), diarrhea (25%), and fluid retention (22%).[4] Congestive heart failure and dilutional anemia have also been observed. Anagrelide possesses positive inotropic and vasodilatory effects which may lead to transient hypotension, tachycardia, and new onset or worsening angina. Less common side effects include nausea and vomiting, bloating, dizziness, and asthenia. These effects are usually mild to moderate and are transient in nature. Pancreatitis, mild transient rash, hyperpigmentation, clinical bleeding secondary to thrombocytopenia, pulmonary fibrosis, and elevation of hepatocellular enzymes have been reported rarely.[4] Anagrelide is known to have powerful inhibitory effects on platelet aggregation; however, this effect is not observed at doses used clinically to decrease the platelet count. Petitt reported that 13% of patients discontinued anagrelide therapy secondary to the development of adverse effects.[4] The manufacturer recommends that anagrelide be used with caution in patients with known or suspected heart disease.

The recommended starting dosage of anagrelide is

Continued on next page

0.5 mg four times daily or 1 mg two times daily, which should be maintained for at least one week. The platelet count should be monitored every two days during the first week of therapy, then at least weekly until the maintenance dose is reached. The dosage may be increased weekly by not more than 0.5 mg/day and should not exceed 10 mg/day or 2.5 mg in a single dose. The dosage should be adjusted to the lowest effective dose which produces a platelet count below 600,000/mm³ or within the normal range. Roberts will manufacture anagrelide as 0.5 mg capsules. The average wholesale price is expected to be approximately $350 per 100 capsules.[1]

[1. F-D-C Reports-Pink Sheet 1997;59(12):1-2 2. Blood 1992;79:1931-7. 3. Am J Med 1992;92:69-76. 4. Semin Hematol 1997;34(1):51-4.]

Switching Intravenous Immune Globulin (IVIG) Products: Therapeutic and Pharmaceutical Considerations

Drug Information

Occasionally it is necessary to switch patients from one intravenous immune globulin (IVIG) preparation to another. This need may result from decreased availability of a specific preparation due to manufacturing problems or other reasons. There are several issues that should be considered before product exchange occurs.

The majority of IVIG products are approved for primary immunodeficiency disorders and immune thrombocytopenic purpura. In addition, several products have indications for chronic lymphocytic leukemia, Kawasaki disease, graft-versus-host disease, and/or bone marrow transplantation. Other differences between products include method of viral inactivation, balance of immune globulin subclasses, IgA content, antibody titers against bacterial and viral organisms, storage requirements, compatibility with solutions, and cost.[1]

One of the greatest concerns when initiating IVIG therapy is the development of adverse effects. Most adverse effects associated with IVIG are related to the rate of infusion. These reactions typically manifest as fever, chills, headache, and/or flushing, although shortness of breath, dyspnea, tachypnea, pulmonary congestion, cardiac effects, or anaphylaxis may occur. The incidence of infusion-related adverse events is estimated at 5-10%.[1,2] The majority of these reactions can be diminished or completely avoided if IVIG is initiated at a slow rate of infusion. However, if adverse effects should occur, symptomatic treatment can be instituted. Medications may be given to relieve specific symptoms, although symptoms usually disappear once the infusion is interrupted. The subsequent development of adverse reactions may be avoided by reinitiating the infusion at a slower rate or by premedicating the patient.

Guidelines for administration of IVIG include initiating the infusion at a slow rate followed by careful observation of the patient for 15 to 30 minutes. If no reactions occur, then the rate may be increased as tolerated every 15 to 30 minutes. Patients often become tolerant to the adverse effects of a given IVIG product and may eventually tolerate initiation of subsequent infusions at a more rapid rate. A slower rate of administration is warranted when initiating therapy with highly concentrated solutions of IVIG. Specific administration guidelines should be followed for each specific IVIG product according to the manufacturer's guidelines.[1]

Caution should be exercised when patients are switched from one IVIG product to another. Although tolerance may develop to one IVIG preparation, cross-tolerance does not necessarily occur to other IVIG products. Therefore, when beginning therapy with an alternative product, the manufacturer's recommendations for initial rate of administration should be followed. The infusion rate may be advanced as tolerated.

[1. McEvoy GK, ed. American Hospital Formulary Service Drug Information 1996. Immune Globulin. American Society of Health-System Pharmacists, Bethesda 2402-11. 2. Ippoliti C, Williams LA, Huber S. Toxicity of rapidly infused concentrated intravenous immune globulin. Clin Pharm 1992;11:1022-6.]

ONCOLOGY THERAPEUTICS NETWORK

ONCOLOGY DRUG UPDATES

Dolasetron Mesylate (Anzemet®, Hoechst-Marion Roussel) for Chemotherapy-Induced Nausea and Vomiting

FDA "Approvable" Status

The FDA recommended approval of dolasetron mesylate (Anzemet®) on March 5, 1997.[1] Following final approval, dolasetron will become the third serotonin (5-HT_3) receptor antagonist available for the prevention of chemotherapy-induced nausea and vomiting in the United States. Kris and associates conducted a dose-ranging study of dolasetron mesylate in 89 patients receiving high-dose cisplatin (≥100 mg/m²).[2] This trial excluded patients that had received previous treatment with cisplatin. Patients were given a single intravenous dose of 1.8, 2.4, 3, or 5 mg/kg over 20 minutes beginning 30 minutes before chemotherapy. Emesis and adverse effects were measured for 24 hours after cisplatin administration. Complete responses, defined as the absence of emetic episodes, were observed in 24% to 52% of patients. Complete control of vomiting improved as the dose of dolasetron was increased to 2.4 mg/kg; no further improvement was noted with higher doses. Overall response rates (≤2 emetic episodes) were 48%, 56%, 76%, and 82% at the 1.8, 2.4, 3, and 5 mg/kg dose levels, respectively.

A randomized, double-blind study was performed by Harman and colleagues in which single-dose dolasetron was compared with divided multiple-doses of dolasetron in 55 patients receiving cisplatin (≥80 mg/m²).[3] Patients who had previously received cisplatin were not eligible. Dolasetron was given as a single 1.8 mg/kg dose 30 minutes prior to cisplatin, or in three separate doses of 0.6 mg/kg beginning 30 minutes prior to chemotherapy. In the divided multiple-dose arm, subsequent doses were given at 5.5 and 11.5 hours after the initiation of chemotherapy. The evaluation period extended for 24 hours following the initiation of chemotherapy. Complete control was achieved in 48% of patients receiving the single-dose and 23% in patients receiving multiple doses (p=0.065). Overall, complete or major control was achieved in 53% of patients. Forty percent of patients required rescue antiemetic medication during the 24-hour period following cisplatin administration. Patients receiving a single dose of dolasetron had a significantly longer median time to first emetic episode when compared with those receiving multiple doses (>24 hours versus 10.1 hours, p=0.034).

In a double-blind, randomized study, Hesketh and coworkers compared single-dose intravenous dolasetron mesylate and ondansetron in 609 patients receiving cisplatin (≥70 mg/m²).[4] Patients were stratified according to cisplatin dosage (70 mg/m² to 90 mg/m² or ≥91 mg/m²). Previous cisplatin therapy was not allowed. Randomization occurred to dolasetron mesylate 1.8 mg/kg or 2.4 mg/kg, or ondansetron 32 mg. Each treatment was infused over 15 minutes beginning 30 minutes prior to cisplatin administration. In the lower cisplatin stratum, complete response (no emesis or rescue medication) rates were 49.2%, 45.6%, and 50.4% for dolasetron 1.8 mg/kg, dolasetron 2.4 mg/kg, and ondansetron 32 mg, respectively. Complete responses were observed in 36.8%, 31.3%, and 31.8% of patients in the higher cisplatin stratum treated with dolasetron 1.8 mg/kg, dolasetron 2.4 mg/kg, and ondansetron 32 mg, respectively. Both studied doses of dolasetron have comparable safety and efficacy compared to ondansetron 32 mg.

The use of oral dolasetron was investigated by Navari and associates; 62 patients receiving high-dose cisplatin (≥70 mg/m²) were randomized to receive a single dose of oral dolasetron 200 mg in combination with oral dexamethasone 20 mg prior to cisplatin, or to receive the same premedication plus repeated administration of dolasetron and dexamethasone 16 hours after cisplatin.[5] Acute nausea and vomiting (within 24 hours) were evaluated. The complete response rate, defined as no emetic episodes, was 71% in the single-dose group and 74% in the two-dose group. The median nausea score for both groups was zero, and there was no difference in time to first emetic episode (15 hours and 35 minutes in the single-dose group versus 14 hours and 8 minutes in the two-dose group). Adverse events, which included headache, dizziness, and abdominal cramping, were more common in patients receiving two doses of dolasetron and dexamethasone.

Additional adverse effects reported with dolasetron include mild and transient diarrhea, drowsiness, aminotransferase elevations, and asymptomatic prolongation of ECG intervals.[1,4] The recommended doses of oral and intravenous dolasetron for the prevention of chemotherapy-induced nausea and vomiting are 200 mg and 100 mg, respectively. For post-operative nausea and vomiting, a dose of 12.5 mg given intravenously is recommended.[1]

1. Hoechst-Marion Roussel, Personal Communication. 2. J Clin Oncol 1994;12:1045-9. 3. Cancer Chemother Pharmacol 1996;38:323-8. 4. J Clin Oncol 1996;14:2242-9. 5. Proc Am Soc Clin Oncol 1996;15:A1740.

SOURCEBOOK UPDATE

SPRING 1997 PRODUCT AND PRICING CHANGES

901-172	Gensia	Etoposide (glass vial)	100 mg	$28.00	NEW
901-171	Gensia	Etoposide (glass vial)	500 mg	$140.00	NEW
840-150	Romazicon®	Flumazenil, solution (0.1 mg/mL) (x10)	0.5 mg MDV	$38.55	▲
840-160	Romazicon®	Flumazenil, solution (0.1 mg/mL) (x10)	1 mg MDV	$61.90	▲
960-300	Versed®	Midazolam, solution (1 mg/mL), C-IV (x10)	2 mg	$47.05	▲
960-310	Versed®	Midazolam, solution (5 mg/mL), C-IV (x10)	5 mg	$102.40	▲
102-750	Vincasar®	Vincristine, pres. free sol.	1 mg	$9.20	▲
102-755	Vincasar®	Vincristine, pres. free sol.	2 mg	$11.60	▲
900-105	Zofran®	Ondansetron oral susp 4mg/5ml	50 ml BTL	$127.50	NEW

▲ Reflects a price increase ▼ Reflects a price decrease • Reflects a product description change

ONCOLOGY THERAPEUTICS NETWORK

REIMBURSEMENT

AVERAGE WHOLESALE PRICES AND 1997 HCPCS CODES

As a reimbursement resource, the average wholesale prices (AWPs) and HCPCS codes are listed for drugs commonly used in cancer treatment. Products are listed alphabetically by their generic name. The AWPs are obtained from the *1996 Red Book* and the *April 1997 Red Book Update*. For drugs that have multiple manufacturers, the AWP for the product that OTN most commonly stocks is listed. For ease of use, we list the AWP information in the first three columns and the billing code and units in the right two columns. Please refer to the Spring 1997 Sourcebook for a complete listing of HCPCS codes.

PRODUCT	VIAL SIZE	NDC	APRIL AWP/VIAL	'97 HCPCS CODE	BILLING UNITS
Proleukin®					
Aldesleukin, pwd [Interleukin-2]	22 MIU	53905-0991-01	415.00	J9015	per 22 MIU
Ethyol®					
Amifostine	500 mg	17314-7253-03	312.00	J3490*	per 500 mg
Fungizone®					
Amphotericin B Oral Suspension	24 mL	00087-1162-10	26.25	J9999*/J3490*	
Blenoxane®					
Bleomycin sulfate, pwd	15 units	00015-3010-20	304.60	J9040	per 15 units
	30 units	00015-3063-01	609.20	J9040	per 15 units
Paraplatin®					
Carboplatin, pwd	50 mg	00015-3213-30	88.59	J9045	per 50 mg
	150 mg	00015-3214-30	265.71	J9045	per 50 mg
	450 mg	00015-3215-30	797.15	J9045	per 50 mg
BiCNU®					
Carmustine, pwd w/diluent	100 mg	00015-3012-38	88.94	J9050	per 100 mg
Tagamet®					
Cimetidine HCL sol (150 mg/mL)	300 mg	00108-5017-16	3.96	J9999*/J3490*	
Platinol®-AQ					
Cisplatin, sol (1 mg/mL)	50 mg MDV	00015-3220-22	184.84	J9062	per 50 mg
	100 mg MDV	00015-3221-22	369.65	J9062	per 50 mg
Leustatin®					
Cladribine, sol (1 mg/mL)	10 mg	59676-0201-01	496.80	J9065	per 1 mg
lyophilized Cytoxan®					
Cyclophosphamide, lyophilized	100 mg	00015-0539-41	6.45	J9093	per 100 mg
	200 mg	00015-0546-41	12.25	J9094	per 200 mg
	500 mg	00015-0547-41	25.71	J9095	per 500 mg
	1 g	00015-0548-41	51.43	J9096	per 1 g
	2 g	00015-0549-41	102.89	J9097	per 2 g
Cytoxan® Tablets					
Cyclophosphamide, tablets, 25 mg	100 per bottle	00015-0504-01	173.23	J8530	25 mg
Cyclophosphamide, tablets, 50 mg	100 per bottle	00015-0503-01	317.91	J8530	25 mg
Cyclophosphamide, tablets, 50 mg	1,000 per bottle	00015-0503-02	3,027.90	J8530	25 mg
Cytarabine, pwd	100 mg	00364-2467-53	6.00	J9100	per 100 mg
	100 mg	55390-0131-10	6.25	J9100	per 100 mg
	500 mg	00364-2468-54	23.06	J9110	per 500 mg
	500 mg	55390-0132-10	25.00	J9110	per 500 mg
	1 g	55390-0133-01	50.00	J9110	per 500 mg
	2 g	55390-0134-01	98.90	J9110	per 500 mg
DTIC-Dome®					
Dacarbazine, pwd	100 mg	00026-8151-10	13.83	J9130	per 100 mg
	200 mg	00026-8151-20	22.23	J9140	per 200 mg
Daunoxome®					
Daunorubicin citrate liposome inj. (1 mg/mL)	50 mg	56146-0301-01	287.50	J9999*/J3490*	per 50 mg
Cerubidine®					
Daunorubicin HCL, pwd	20 mg	55390-0281-10	168.50	J9150*	per 10 mg
DHAP®					
Desmopressin Acetate, sol (4 mcg/mL)	1 mL	00075-2451-01	25.64	J2597	per 4 mcg
Dexamethasone, sol (10 mg/mL)	100 mg MDV	00364-2360-54	12.00	J1100	up to 4 mg/mL
Dexamethasone, sol (4 mg/mL)	20 mg MDV	00517-4905-25	2.19	J1100	up to 4 mg/mL
	120 mg MDV	00517-4930-25	7.84	J1100	up to 4 mg/mL
Zinecard®					
Dexrazoxane for injection	250 mg	00013-8715-62	141.10	J1190	per 250 mg
	500 mg	00013-8725-89	282.19	J1190	per 250 mg
Diazepam, sol (5 mg/mL)	10 mg	00364-0825-48	3.60	J3360	up to 5 mg
	50 mg	00364-0825-54	14.69	J3360	up to 5 mg
Diphenhydramine HCL sol (10 mg/mL)	300 mg	00364-6530-56	7.51	J1200	up to 50 mg
Diphenhydramine HCL sol (50 mg/mL)	500 mg MDV	00364-6531-54	10.00	J1200	up to 50 mg
	50 mg	00641-0376-25	0.67	J1200	up to 50 mg

REIMBURSEMENT

PRODUCT	VIAL SIZE	NDC	APRIL AWP/VIAL	'97 HCPCS CODE	BILLING UNITS
Taxotere®					
Docetaxel for injection	20 mg	00075-8001-20	257.92	J9999*	
	80 mg	00075-8001-80	1,031.68	J9999*	
Rubex®					
Doxorubicin, pwd	50 mg	00015-3352-22	197.15	J9000	per 10 mg
	100 mg	00015-3353-22	394.29	J9000	per 10 mg
Bedford Laboratories					
Doxorubicin, pwd	10 mg	55390-0231-10	45.08	J9000	per 10 mg
	20 mg	55390-0232-10	90.16	J9000	per 10 mg
	50 mg	55390-0233-01	225.40	J9000	per 10 mg
Doxorubicin, sol (2 mg/mL)	10 mg	55390-0235-10	47.35	J9000	per 10 mg
	20 mg	55390-0236-10	94.70	J9000	per 10 mg
	50 mg	55390-0237-01	236.74	J9000	per 10 mg
	200 mg MDV	55390-0238-01	945.98	J9000	per 10 mg
Adriamycin™					
Doxorubicin, RDF pwd	10 mg	00013-1086-91	46.00	J9000	per 10 mg
	20 mg	00013-1096-94	92.00	J9000	per 10 mg
	50 mg	00013-1106-79	230.00	J9000	per 10 mg
	150 mg MDV	00013-1116-83	676.19	J9000	per 10 mg
Doxorubicin, pfs sol (2 mg/mL)	10 mg	00013-1136-91	48.31	J9000	per 10 mg
	20 mg	00013-1146-94	96.63	J9000	per 10 mg
	50 mg	00013-1156-79	241.56	J9000	per 10 mg
	75 mg	00013-1176-87	362.35	J9000	per 10 mg
	200 mg MDV	00013-1166-83	946.94	J9000	per 10 mg
DOXIL®					
Doxorubicin, HCl liposome inj. (2mg/mL)	20 mg	61471-0295-12	606.25	J9999*	
Procrit®					
Epoetin alfa	2,000 units/ mL	59676-0302-01	24.00	Q0136[1]	1,000 units
	3,000 units/ mL	59676-0303-01	36.00	Q0136[1]	1,000 units
	4,000 units/ mL	59676-0304-01	48.00	Q0136[1]	1,000 units
	10,000 units/ mL	59676-0310-01	117.96	Q0136[1]	1,000 units
	20,000 units/ 1 mL MDV	59676-0320-01	235.92	Q0136[1]	1,000 units
	20,000 units/ 2 mL MDV	59676-0312-01	235.92	Q0136[1]	1,000 units
VePesid® Capsules					
Etoposide, capsules, 50 mg	20 per box	00015-3091-45	751.60	J8560	50 mg
VePesid® For Injection					
Etoposide, injection (20 mg/mL)	100 mg MDV	00015-3095-20	136.49	J9182	per 100 mg
	150 mg MDV	00015-3084-20	204.74	J9182	per 100 mg
	500 mg MDV	00015-3061-20	665.38	J9182	per 100 mg
	1 gm MDV	00015-3062-20	1,296.64	J9182	per 100 mg
Etopophos®					
Etoposide phosphate for injection	100 mg	00015-3404-20	124.14	J9999*	per 100 mg
Fludara®					
Fludarabine phosphate, pwd	50 mg	50419-0511-06	188.04	J9185	per 50 mg
Fluorouracil, sol (50 mg/mL)	500 mg	39769-0012-10	3.75	J9190	per 500 mg
	2,500 mg	00013-1046-94	7.69	J9190	per 500 mg
	5,000 mg	39769-0012-90	25.00	J9190	per 500 mg
Neupogen®					
G-CSF (Filgrastim), sol (0.3 mg/mL)	300 mcg	55513-0530-10	161.30	J1440	per 300 mcg
	480 mcg	55513-0546-10	256.90	J1441	per 480 mcg
Gemzar®					
Gemcitabine HCl	200 mg	00002-7501-01	69.39	J9999*	
Gemcitabine HCl	1 g	00002-7502-01	346.94	J9999*	
Leukine®					
GM-CSF (Sargramostim), lyophilized	250 mcg	58406-0002-33	117.79	J2820	per 50 mcg
	500 mcg	58406-0007-35		J2820	per 50 mcg
Zoladex®					
Goserelin acetate, implant	3.6 mg syringe	00310-0960-36		J9202	per 3.6 mg
	10.8 mg syringe	00310-0961-30		J9202	per 3.6 mg
Kytril®					
Granisetron HCl, sol (1 mg/mL)	1 mL	00029-4149-01	173.95	J1625	per 1 mg
Ifex®					
Ifosfamide	1 g	00015-0556-41	119.85	J9208	per 1 g
	3 g	00015-0557-41	359.55	J9208	per 1 g
Ifex®/Mesnex™					
Ifosfamide (10 x 1 g)/mesna (10 x 1 g MDV)	Combo-Pack	00015-3554-27	2,004.70	J9208/J9209	
Ifosfamide (2 x 3 g)/mesna (6 x 1 g MDV)	Combo-Pack	00015-3564-15	1,202.75	J9208/J9209	
Ifosfamide (5 x 1 g)/mesna (3 x 1 g MDV)	Combo-Pack	00015-3556-26	829.63	J9208/J9209	
Venoglobulin I					
Immune globulin intravenous, 5% pwd w/IV set	2.5 g	49669-1602-01	152.05	J1561	per 500 mg
	5 g	49669-1603-01	304.10	J1561	per 500 mg
	10 g	49669-1604-01	608.20	J1561	per 500 mg

REIMBURSEMENT

PRODUCT	VIAL SIZE	NDC	APRIL AWP/VIAL	'97 HCPCS CODE	BILLING UNITS
Venoglobulin S					
Immune globulin intravenous, 5% sol w/IV set	2.5 g	49669-1612-01	225.00	J1561	per 500 mg
	5 g	49669-1613-01	450.00	J1561	per 500 mg
	10 g	49669-1614-01	900.00	J1561	per 500 mg
Immune globulin intravenous, 10% sol w/IV set	5 g	49669-1622-01	475.00	J1562	per 5 g
	10 g	49669-1623-01	950.00	J1562	per 5 g
	20 g	49669-1624-01	1,900.00	J1562	per 5 g
Immune globulin intravenous, 10% sol w/IV set	1 g	00192-0649-12	75.00	J1561	per 500 mg
	5 g	00192-0649-20	375.00	J1562	per 5 g
	10 g	00192-0649-71	750.00	J1562	per 5 g
	20 g	00192-0649-24	1,500.00	J1562	per 5 g
Immune globulin intravenous, 5%-10% w/IV set	2.5 g	52769-0471-72	145.00	J1561 or J1562	
	5 g	52769-0471-75	290.00	J1561 or J1562	
	10 g	52769-0471-80	580.00	J1561 or J1562	
• Rho D immune globulin intravenous	300 mcg	60492-0082-01	306.00	J3490*/J9999*	
Intron® A					
Interferon alfa 2b, solution HSA-free	3 MIU	00085-1184-01	33.92	J9214	per 1 MIU
	3 MIU PAK	00085-1184-02	33.92	J9214	per 1 MIU
	5 MIU	00085-1191-01	56.52	J9214	per 1 MIU
	5 MIU PAK	00085-1191-02	56.52	J9214	per 1 MIU
	10 MIU	00085-1179-01	113.04	J9214	per 1 MIU
	10 MIU PAK	00085-1179-02	113.04	J9214	per 1 MIU
	18 MIU MDV	00085-1168-01	203.47	J9214	per 1 MIU
	25 MIU MDV	00085-1133-01	282.62	J9214	per 1 MIU
Interferon alfa 2b, pwd	3 MIU MDV	00085-0647-03	33.92	J9214	per 1 MIU
	5 MIU MDV	00085-0120-02	56.52	J9214	per 1 MIU
	10 MIU MDV	00085-0571-02	113.04	J9214	per 1 MIU
	18 MIU MDV	00085-1110-01	203.47	J9214	per 1 MIU
	25 MIU MDV	00085-0285-02	282.62	J9214	per 1 MIU
	50 MIU MDV	00085-0539-01	565.21	J9214	per 1 MIU
Roferon® A					
• Interferon alfa 2a, pwd w/3 mL diluent	18 MIU	00004-1993-09	203.48	J9213	per 3 MIU
• Interferon alfa 2a, sol (3 MIU/mL)	3 MIU	00004-2009-09	33.94	J9213	per 3 MIU
• Interferon alfa 2a, sol (10 MIU/mL)	9 MIU	00004-2010-09	95.55	J9213	per 3 MIU
• Interferon alfa 2a, sol (6 MIU/mL)	18 MIU	00004-2011-09	203.48	J9213	per 3 MIU
• Interferon alfa 2a, sol (36 MIU/mL)	36 MIU	00004-2012-09	407.00	J9213	per 3 MIU
Camptosar®					
Irinotecan HCl injection, CPT-11 (20 mg/mL)	5 mL	00009-7529-01	493.75	J9999*	
Leucovorin, pwd	50 mg	55390-0051-10	18.44	J0640	per 50 mg
	50 mg	58406-0621-05	21.53	J0640	per 50 mg
	100 mg	55390-0052-10	35.00	J0640	per 50 mg
	100 mg	58406-0622-06	39.41	J0640	per 50 mg
	200 mg	55390-0053-01	78.00	J0640	per 50 mg
	350 mg	58406-0623-07	137.94	J0640	per 50 mg
Lupron®					
Leuprolide acetate depot, susp. (7.5 mg/mL)	7.5 mg	00300-3629-01	515.63	J9217	per 7.5 mg
	22.5 mg	00300-3336-01	1,546.89	J9217	per 7.5 mg
Lorazepam, sol (2 mg/mL)	2 mg MDV	00008-0581-04	12.01	J2060	per 2 mg
Lorazepam, sol (2 mg/mL)	20 mg MDV	00008-0581-01	107.00	J2060	per 2 mg
Lorazepam, sol (4 mg/mL)	40 mg MDV	00008-0570-01	133.74	J2060	per 2 mg
Lorazepam, sol (2 mg/mL), w/ syringe	2 mg	00008-0581-02	12.67	J2060	per 2 mg
Mannitol, 25% sol	50 mL	00074-4031-01	5.05	J2150	per 50 mL
Mustargen®					
Mechlorethamine HCl, pwd	10 mg	00006-7753-31	10.10	J9230	per 10 mg
Megace®					
Megestrol acetate, tablets, 20 mg	100 per bottle	00015-0595-01	75.68		
Megestrol acetate, tablets, 40 mg	100 per bottle	00015-0596-41	134.96		
	250 per bottle	00015-0596-46	330.68		
	500 per bottle	00015-0596-45	647.88		
Megace® Oral Suspension					
Megestrol acetate, oral suspension	8 fl oz	00015-0508-42	117.89		
Alkeran®					
Melphalan hydrochloride, pwd	50 mg	00173-0130-93	296.99	J9245	per 50 mg
Melphalan hydrochloride, tablets, 2 mg	50 per bottle	00173-0045-35	84.77	J8600	2 mg
Mesnex™					
Mesna, sol (100 mg/mL)	1 g MDV	00015-3563-02	155.70	J9209	per 200 mg
Methotrexate, pwd	20 mg	00205-4654-90	2.78	J9250	per 5 mg
	1,000 mg	58406-0671-05	61.44	J9260	per 50 mg
Methotrexate, pres. free sol (25 mg/mL)	50 mg	55390-0031-10	6.88	J9260	per 50 mg
	100 mg	55390-0032-10	8.75	J9260	per 50 mg
	200 mg	55390-0033-10	17.50	J9260	per 50 mg
	250 mg	55390-0034-10	26.88	J9260	per 50 mg
Methotrexate, sol w/pres. (25 mg/mL)	50 mg	58406-0681-14	4.75	J9260	per 50 mg
	250 mg	58406-0681-17	20.48	J9260	per 50 mg
Methotrexate, tablets, 2.5 mg	100 per bottle	00555-0572-02	362.95	J8610	2.5 mg
	36 per bottle	00555-0572-35	130.05	J8610	2.5 mg

REIMBURSEMENT

PRODUCT	VIAL SIZE	NDC	APRIL AWP/VIAL	'97 HCPCS CODE	BILLING UNITS
Metoclopramide, sol w/pres. (5 mg/mL)	2 mL	39769-0066-02	2.35	J2765	up to 10 mg
Metoclopramide, pres. free sol (5 mg/mL)	50 mg	00013-6116-95	8.73	J2765	up to 10 mg
	150 mg	00013-6126-95	23.54	J2765	up to 10 mg
Mutamycin[2]					
Mitomycin, pwd	5 mg	00015-3001-20	134.11	J9280	per 5 mg
	20 mg	00015-3002-20	452.91	J9290	per 20 mg
	40 mg	00015-3059-20	915.09	J9291	per 40 mg
Novantrone[3]					
Mitoxantrone, sol (2 mg/mL)	20 mg MDV	58406-0640-03	720.04	J9293	per 5 mg
	25 mg MDV	58406-0640-05	900.03	J9293	per 5 mg
	30 mg MDV	58406-0640-07	1,080.05	J9293	per 5 mg
Sandostatin[4]					
Octreotide Acetate, sol (50 mcg/mL)	50 mcg amp	00078-0180-03	5.21	J9999*/J3490*	
Octreotide Acetate, sol (100 mcg/mL)	100 mcg amp	00078-0181-03	9.54	J9999*/J3490*	
Octreotide Acetate, sol (500 mcg/mL)	500 mcg amp	00078-0182-03	43.62	J9999*/J3490*	
Zofran[5]					
Ondansetron HCl, sol (2 mg/mL)	40 mg MDV	00173-0442-00	244.43	J2405	per 1 mg
Ondansetron HCl, sol (2 mg/mL)	4 mg	00173-0442-02	24.45	J2405	per 1 mg
Ondansetron HCl, sol premixed (32 mg/50 mL-D5W)	32 mg bag	00173-0461-00	206.41	J2405+	per 1 mg
TAXOL[6]					
Paclitaxel, semi-synthetic sol (6mg/ml)	30 mg	00015-3475-27	182.63	J9265	per 30 mg
	100 mg	00015-3476-27	608.76	J9265	per 30 mg
Aredia[7]					
Pamidronate disodium, pwd	30 mg	00083-2601-04	199.28	J2430	per 30 mg
	60 mg	00083-2606-01	398.58	J2430	per 30 mg
	90 mg	00083-2609-01	597.84	J2430	per 30 mg
Nipent[7a]					
Pentostatin, pwd	10 mg	00071-4243-01	1,440.00	J9268	per 10 mg
Prochlorperazine, sol (5 mg/mL)	10 mg	00364-2231-48	2.64	J0780	up to 10 mg
	50 mg MDV	00364-2231-54	13.00	J0780	up to 10 mg
Prochlorperazine, tablets, 10 mg	100 per box	00007-3367-20	94.50		
Zantac[8]					
Ranitidine, sol (50 mg/2 mL)	2 mL	00173-0362-38	3.99	J9999*/J3490*	
Zanosar[9]					
Streptozocin, pwd	1 g	00009-0844-01	74.35	J9320	per 1 g
Vumon[10]					
Teniposide, 50 mg	5 mL amp	00015-3075-19	168.18	J9999*	per 50 mg
Thioplex[11]					
Thiotepa, pwd	15 mg	58406-0661-02	83.94	J9340	per 15 mg
Hycamtin[12a]					
Topotecan HCl lyoph pwd	4 mg	00007-4201-05	509.44	J9999*	
Neutrexin[13]					
Trimetrexate glucuronate, pwd	25 mg, 10s ea.	58178-0020-10	608.40	J3305	per 25 mg
	25 mg, 50s ea.	58178-0020-50	2,610.00	J3305	per 25 mg
Urokinase, sol (5,000 IU/mL)	5,000 IU	00074-6111-01	53.64	J3364	per 5,000 IU
	9,000 IU	00074-6145-02	93.54	J3364	per 5,000 IU
Vinblastine sulfate, pwd	10 mg	55390-0091-10	21.25	J9360	per 1 mg
	10 mg	00364-2447-54	37.50	J9360	per 1 mg
Vinblastine sulfate, sol (1 mg/mL)	10 mg	00469-2780-30	43.23	J9360	per 1 mg
Vincristine, preservative free sol (1 mg/mL)	1 mg	00013-7456-86	37.08	J9370	per 1 mg
	1 mg	61703-0309-06	31.75	J9370	per 1 mg
	2 mg	00013-7466-86	74.13	J9375	per 2 mg
	2 mg	61703-0309-16	38.25	J9375	per 2 mg
NAVELBINE[9]					
Vinorelbine tartrate, sol (10 mg/mL)	1 mL	00173-0656-01	62.12	J9390	per 10 mg
	5 mL	00173-0656-44	282.74	J9390	per 10 mg

- An AWP, HCPCS code or NDC that has changed or been added has been highlighted in color.

* The drug code J9999 is defined as "not otherwise classified, antineoplastic drug." The Health Care Financing Administration (HCFA) has not assigned specific codes to these drugs.

§ The drug code J3490 is defined as "unclassified drug." These drugs may or may not be defined as an unclassified drug in your area. Consult your local carrier for the appropriate code.

‡ Q0136 is the code for non-ESRD (End Stage Renal Disease) use.

+ The Health Care Financing Administration (HCFA) has notified Glaxo Wellcome that a separate J Code will not be issued for the Zofran 32 mg premixed bag. J2405 should be used for all formulations of Zofran.

CELEBRATE LIFE! NATIONAL CANCER SURVIVORS DAY SUNDAY, JUNE 1

One of every three people in our communities will be diagnosed with cancer. On Sunday, June 1, National Cancer Survivors Day (NCSD) will honor survivors who are living with and beyond cancer, and will also recognize those professionals who are helping to fight the battle against cancer. NCSD is an annual, nationwide celebration of life which is held in over 650 communities. Participants from coast to coast unite in a symbolic event honoring the 10 million Americans who are surviving a cancer diagnosis. In doing so, we will communicate to all Americans the message that life after a cancer diagnosis is a reality. Call the National Cancer Survivors Day Foundation for more information to celebrate life. (615)794-3006.

BULK RATE U.S. POSTAGE PAID MMS, Inc.

ADDRESS CORRECTION REQUESTED

ONCOLOGY THERAPEUTICS NETWORK
1145 CYSTER POINT BLVD., SUITE 405
SOUTH SAN FRANCISCO, CA 94080

July/August 1997

ONCOLOGY THERAPEUTICS NETWORK

THE NETWORK NEWS

A BIMONTHLY UPDATE FOR COMMUNITY-BASED ONCOLOGY PROFESSIONALS

IN THIS ISSUE

ROUTE TO:

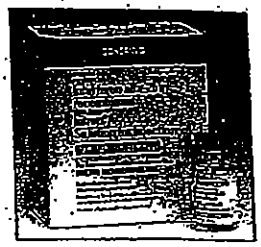
- ☐ Physician
- ☐ Office Manager
- ☐ Oncology Nurse
- ☐ Pharmacist
- ☐ Business Office
- ☐ _____

ONCOLOGY THERAPEUTICS NETWORK

Schering

INTRON® A— HSA-FREE —AND— ORIGINAL FORMULATION

(Interferon Alfa-2b, recombinant)*



OTN offers Intron A in the following sizes and formulations:

HSA-FREE SOLUTION CATALOG NUMBER	NDC	HCPC CODE	DESCRIPTION	UNIT	ORDER QTY	PRICE
220-151	0085-1184-01	J9214	Intron A solution	3 MIU/0.5 mL	1	$30.40
220-161	0085-1191-01	J9214	Intron A solution	5 MIU/0.5 mL	1	$50.70
220-171	0085-1179-01	J9214	Intron A solution	10 MIU/1 mL	1	$101.30
220-191	0085-1168-01	J9214	Intron A solution	18 MIU/MDV	1	$182.40
220-194	0085-1133-01	J9214	Intron A solution	25 MIU/MDV	1	$253.15

HSA-FREE SOLUTION PAKS CATALOG NUMBER	NDC	HCPC CODE	DESCRIPTION	UNIT	ORDER QTY	PRICE
220-156	0085-1184-02	J9214	Intron A solution, Pak-3	3 MIU	6	$30.40
220-166	0085-1191-02	J9214	Intron A solution, Pak-5	5 MIU	6	$50.70
220-174	0085-1179-02	J9214	Intron A solution, Pak-10	10 MIU	6	$101.30

Paks include six vials, six syringes, and six alcohol swabs

* HSA-free formulation is recommended for intramuscular, subcutaneous, or intralesional administration. Intron A solutions for injection are not recommended for IV administration.

ORIGINAL FORMULATIONS CATALOG NUMBER	NDC	HCPC CODE	DESCRIPTION	UNIT	ORDER QTY	PRICE
220-150	0085-0647-03	J9214	Intron A powder	3 MIU	1	$30.40
220-160	0085-0120-02	J9214	Intron A powder	5 MIU	1	$50.70
220-170	0085-0571-02	J9214	Intron A powder	10 MIU	1	$101.30
220-175	0085-0285-02	J9214	Intron A powder	25 MIU	1	$253.15
220-186	0085-1110-01	J9214	Intron A powder	18 MIU/MDV	1	$182.40
220-180	0085-0539-01	J9214	Intron A powder	50 MIU/MDV	1	$506.70

** Original formulation is recommended for intramuscular, subcutaneous, intralesional, or intravenous administration.

Intron A is a product in OTN's PriceMatching Program

The Network News is distributed by Oncology Therapeutics Network Corporation.

The articles in this newsletter are not intended to serve as rules and policies for medical practice. Primary references should be consulted. The reader is encouraged to review the manufacturer's package insert where applicable.

Comments and suggestions are welcome. Address them to: Mary Walsh, Editor, The Network News: Oncology Therapeutics Network; 395 Oyster Point Blvd., Suite 405; South San Francisco, CA 94080.

Printed on recycled paper.

1997 NETWORK DOLLARS PROGRAM N$D

The Network Dollars Program has been improved. Beginning July 1, 1997, Network Dollars will be accrued and applied at the time you place your order. There will no longer be a one-month delay before you can use your Network Dollars. In addition, Network Dollars will be accrued and applied on the same products: VePesid,® Rubex,® Mutamycin,® Lyophilized Cytoxan,® and Blenoxane®.

You will earn Network Dollars at the same rate as before — there will be no change in the savings that your practice usually enjoys. Network Dollars earned through June 30, 1997 will be applied through July 31, 1997 to purchases of non-Bristol products.

Contact your account representative if you have any questions at 1-800-482-6700.

ONCOLOGY THERAPEUTICS NETWORK

LEUKINE® LIQUID (GM-CSF, SARGRAMOSTIM)

FROM IMMUNEX CORPORATION

- ✓Easier to Use
- ✓Bioequivalent to Lyophilized Powder
- ✓LEUKINE Liquid Quick Reference Guide Available from Immunex
- ✓Multi-Dose Vial
- ✓Saves Time
- ✓Less Waste and Saves Money

Catalog Number	NDC	Item	Unit/Size	Unit
222-116	58406-050-30	GM-CSF (Sargramostim), solution	500 mcg MDV	$196.55

EXTENDED PAYMENT TERMS

Only through OTN: Net 75-day payment terms for all purchases of LEUKINE Liquid

REIMBURSEMENT SUPPORT

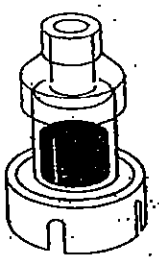
☎ Immunex Reimbursement Hotline: **1-800-321-4669**

Bill for Leukine with J2820 per 50 mcg.

CYTOGUARD®

Aerosol Protection Device Now Available for Purchase

Bristol-Myers Squibb Oncology/Immunology (BMSOI) has provided CytoGuards free-of-charge on a number of oncology products as a promotional program. The CytoGuard inventory designated for this program has now been exhausted. BMSOI will discontinue supplying CytoGuards free-of-charge as of June 27, 1997 and will make them available for purchase at a nominal fee. If you would like CytoGuards shipped with your order, please make sure to let your account representative know at the time you place your order.



Catalog Number	NDC	Item	Unit/Size	Unit
561-003	333301	CytoGuard	10 per box	$27.50/box

Call your OTN account representative today!

1-800-482-6700

ONCOLOGY THERAPEUTICS WORK

ONCOLOGY ONLINE®

Providing easy, immediate access to a comprehensive range of authoritative oncology information through the internet

Oncology Online is the first internet-based service to integrate comprehensive clinical information and sophisticated communications capabilities for oncologists, hematologists, and other cancer-care physicians.

Through its rich array of resources and direct access to timely information, Oncology Online is a secure doctor-to-doctor connection to the worldwide medical community. Oncology Online allows physicians easy access to research and information tools, enhancing their ability to make more successful diagnosis, treatment, and patient-management decisions.

The system's exclusive software enables instant, user-friendly searching of multiple information sources including a comprehensive library of pharmaceutical, clinical, and therapeutic information.

Oncology Online Key Features

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- Free and unlimited access to Medline®, CancerLit®, AIDSLINE®, and HEALTH®
- Search a full-text library of leading oncology journals and publications.
- Oncology, medical, and financial news from around the world.
- Dialogue with the Experts™ - ask experts from the country's major academic and teaching centers topic-specific questions under the guidance of an editorial board of oncologists headed by Dr. Michael Bookman of the Fox Chase Cancer Center.
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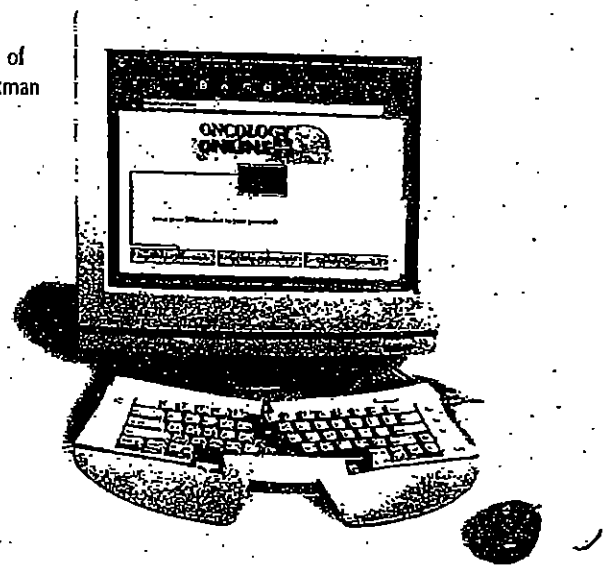


ONCOLOGY THERAPEUTICS NETWORK

Now available through OTN:

SURFACE SAFE™

Surface Safe is an easy-to-use, two-step towelette system that decontaminates surfaces. Surface Safe has been formulated specifically for the rapid inactivation of HIV and other bloodborne pathogens on contaminated work surfaces. The 1-2 towelette application system facilitates the rapid inactivation of residual hypochlorite on work surfaces and the reduction of work surface etching. Surface Safe does not damage surfaces after decontamination.

Catalog Number	Item	Unit Size	Order Qty	Price/ Unit
540-150	Surface Safe Applicator Kit	20/box	1 box	$23.80

SPRING 1997 PRODUCT AND PRICING CHANGES

CATALOG NUMBER	BRAND NAME	ITEM	UNIT SIZE	PRICE	STATUS
902-500	Ethyol	Amifostine	500 mg	$289.50	NEW
220-550	Ethyol	Amifostine	500 mg	No Longer Available	
903-110	Amphotec	Amphotericin B Cholesteryl Sulfate Cmpx Inj (50 mg)	20 mL	$80.00	NEW
903-120	Amphotec	Amphotericin B Cholesteryl Sulfate Cmpx Inj (100 mg)	50 mL	$137.10	NEW
940-200	Desferal	Deferoxamine Mesylate, powder	500 mg	$10.90	▲
201-120	Taxotere	Docetaxel for Injection	20 mg	$217.25	▲
201-180	Taxotere	Docetaxel for Injection	80 mg	$869.00	▲
901-172	Gensia	Etoposide (Glass Vial)	100 mg	$28.00	NEW
901-171	Gensia	Etoposide (Glass Vial)	500 mg	$140.00	NEW
110-110	Pepcid	Famotidine (10 mg/mL)	2 mL	$3.60	Catalog #
110-112	Pepcid	Famotidine (10 mg/mL)	4 mL MDV	$7.15	Change
801-100	Adrucil	Fluorouracil, solution (50mg/mL)	500 mg	$1.39	▲
801-440	Adrucil	Fluorouracil, solution (50mg/mL)	2,500 mg	$6.50	▲
801-460	Adrucil	Fluorouracil, solution (50mg/mL)	5,000 mg	$16.95	▲
210-000	Fludara	Fludarabine	50 mg	$170.65	▲
840-150	Romazicon	Flumazenil, solution (0.1 mg/mL) (x10)	0.5 mg MDV	$38.55	▲
840-160	Romazicon	Flumazenil, solution (0.1 mg/mL) (x10)	1 mg MDV	$61.90	▲
900-200	Kytril	Granisetron HCl, solution (1mg/mL)	1 mL	$137.90	▲
970-202	Kytril	Granisetron HCl, tablets 1mg	2 per bottle	$75.50	▲
970-204	Kytril	Granisetron HCl, solution (1mg/mL)	4 mL	$551.50	NEW
970-220	Kytril	Granisetron HCl, tablets 1mg	20 per bottle	$755.55	▲
901-290	Camptosar	Irinotecan HCl (20 mg/mL)	5 mL	$429.00	▲
901-180	Gensia	Leucovorin, powder	100 mg	$4.90	NEW
840-555	Solu-Medrol	Methylprednisolone Sod. Succ. w/2mL diluent	125 mg	$3.35	NEW
840-555	A-methaPred	Methylprednisolone Sod. Succ. w/2mL diluent (x10)	125 mg	$3.35	NEW
960-300	Versed	Midazolam, solution (1 mg/mL), C-IV (x10)	2 mg	$47.05	▲
960-310	Versed	Midazolam, solution (5 mg/mL), C-IV (x10)	5 mg	$103.40	▲
902-200	Novantrone	Mitoxantrone, solution (2mg/mL)	20 mg MDV	$647.00	▲
902-210	Novantrone	Mitoxantrone, solution (2mg/mL)	25 mg MDV	$809.00	▲
920-220	Novantrone	Mitoxantrone, solution (2mg/mL)	30 mg MDV	$970.00	▲
230-130	Merck	Mumps Virus Vaccine	1 dose/vial	$12.75	▼
900-050	Zofran Injection	Ondansetron HCl, solution premixed (32 mg/50 mL D5W)	1 bag	$131.64	▲
900-100	Zofran Injection	Ondansetron HCl, solution (2 mg/mL)	40 mg MDV	$169.95	▲
900-105	Zofran	Ondansetron oral susp 4mg/5ml	50 mL btl	$127.50	NEW
230-305	Pneumovax 23	Pneumoccal Vaccine Polyvalent (0.5 mL/dose) (x10)	1 dose/vial	$11.85	NEW
144-203	WinRho SDF	Rho D Immune Globulin SDF IV, Powder	300 mcg	$136.00	NEW
144-200	WinRho S/D	Rho D Immune Globulin IV, Powder	300 mcg	No Longer Available	
901-285	Hycamtin	Topetecan HCl, lyophilized powder (single vials)	4 mg	$426.50	NEW
230-135	Varivax	Varicella Virus Vaccine, Live w/diluent (0.5 mL/dose) SDV	1 dose/vial	$45.50	▲
230-140	Varivax	Varicella Virus Vaccine, Live w/diluent (0.5 mL/dose) SDV 10/pk	1 dose/vial	$45.00	NEW
102-750	Vincasar	Vincristine, preservative free sol (1 mg/mL)	1 mg	$9.20	▲
102-755	Vincasar	Vincristine, preservative free sol (1 mg/mL)	2 mg	$11.60	▲
200-101	Navelbine Injection	Vinorelbine Tartrate, solution (10mg/mL)	1 mL	$56.60	Catalog
200-105	Navelbine Injection	Vinorelbine Tartrate, solution (10 mg/mL)	5 mL	$283.00	Correction

▲ Reflects a price increase ▼ Reflects a price decrease • Reflects a product description change

ONCOLOGY DRUG UPDATES

Epoetin Alfa (Procrit,® Ortho Biotech) Therapy in Nonmyeloid Malignancies

The impact of epoetin alfa (Procrit) therapy in anemic patients with nonmyeloid malignancies was recently described in the *Journal of Clinical Oncology*. In this large non-randomized clinical trial greater than 500 community-based oncologists enrolled over 2,300 patients into an open-label study of epoetin alfa for up to four months. The purpose of the study was to evaluate the effectiveness of epoetin alfa therapy using both hematologic parameters and quality-of-life measures in patients with cancer.

TABLE 1:
Efficacy of Epoetin Alfa in Reducing Transfusion Requirements

Transfusion Status	Baseline No. Pts.	On-Study (after month 1) *Independent*	*Dependent*
Independent	1,402	1,156 (82%)	246 (18%)
Dependent	379	218 (58%)	161 (42%)

Previously, the two pivotal, double-blind, placebo-controlled phase IV studies in anemic cancer patients receiving myelosuppressive therapy (cisplatin-based therapy n = 59, and non-cisplatin based therapy n = 72) demonstrated the effect of epoetin alfa therapy (150 units/kg three times a week for 12 weeks) in terms of a statistically significant increase in hematocrit, energy levels, and patients' ability to perform daily tasks. From these studies, it appears that patients with lower baseline serum erythropoetin levels responded more vigorously to epoetin alfa therapy, although a number of additional factors also appear to affect the response to therapy. Drug therapy with epoetin alfa was well tolerated in patients in these trials, with diarrhea and edema being more commonly seen in patients receiving epoetin alfa versus placebo.

The recently published, large, nonrandomized trial also looked at patients with a variety of diagnoses. Patients were treated with epoetin alfa as per the treatment guidelines for selection and monitoring of patients contained in the Procrit package insert. The study included patients with both hematologic and solid tumors; the majority of patients had solid tumors (77%). The recommended starting dose of epoetin alfa was 150 units/kg administered subcutaneously three times weekly. After eight weeks, if response was not considered adequate in terms of hematocrit or transfusion requirements, each clinician was able to increase the dose to 300 units/kg three times weekly. Patients were seen and evaluated monthly for four months. Of note, baseline serum erythropoetin levels were not required by protocol, but were available for about 38% of patients (n =770); in approximately 85% of these patients the erythropoetin level was < 200 mU/ml.

A significant increase in hemoglobin level was observed in patients with hematologic and nonhematologic malignancies and was defined as an increase in hemoglobin level of at least 2 g/dl over the course of the treatment without a red-blood-cell transfusion. In this trial, there was no correlation between hemoglobin response and baseline erythropoetin level, although the author stated that, based on previous studies, treatment of patients with erythropoetin levels > 200 mU/ml is not recommended at this time. Red-blood-cell transfusion requirements decreased throughout the study; fewer patients were transfused and fewer transfusions were administered per patient per month after the first month of epoetin alfa therapy *(see Table 1)*.

Of the 2,030 patients considered evaluable in this study, 1,498 completed baseline and study termination quality-of-life linear analog scale assessments. Upon completion of epoetin alfa therapy, patients reported an increase in energy level, activity level, and in overall quality of life as compared to baseline. There appeared to be a correlation between the magnitude of the improvement of each parameter of quality-of-life with the magnitude of the increase in the hemoglobin level from baseline.

From this and previous studies, the efficacy of epoetin alfa in the management of anemic patients with cancer in now well demonstrated. However, as mentioned by the authors in this paper, the pharmacoeconomics of therapy have not been addressed in these trials. It is essential to assess the impact of pharmacoeconomics on this and future studies. Questions that still exist are: What are the clinical and laboratory predictors of response to epoetin therapy? What is the optimal dose and/or schedule of epoetin therapy? What is the true cost of red-blood-cell transfusions? What

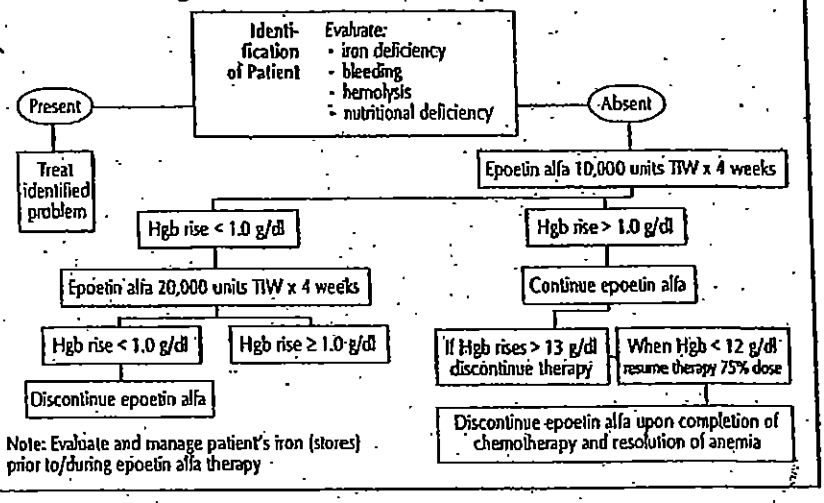
Continued from previous page

are the complications and cost of complications of red blood cell transfusions and how can we adequately measure the economics of improved quality-of-life in patients with cancer?

Based on the finding of this trial, a proposed treatment algorithm has been suggested for the management of the anemic patient undergoing cancer chemotherapy *(see Figure 1)*.

(J Clin Oncol 1997; 15(3):1218-1234.)

FIGURE 1: *Management of Anemic Patient with Cancer*



Liposomal Doxorubicin (Doxil,® Sequus Pharmaceuticals, Inc.) in Refractory Ovarian Cancer: The Reemergence of Anthracycline Therapy in Ovarian Cancer

Liposomal doxorubicin (Doxil), currently indicated for the treatment of AIDS-related Kaposi's sarcoma in patients with disease that has progressed on prior combination chemotherapy or in patients who are intolerant to such therapy, is now being evaluated for the treatment of a variety of solid and hematologic malignancies. Free doxorubicin has, until recently, been considered a first-line agent for the management of epithelial ovarian cancer. The success of the taxanes and platinum compounds has shifted the use of anthracyclines such as doxorubicin to second, third, or fourth-line therapy for those patients who do not respond or relapse after paclitaxel and/or platinum therapy. In preclinical work liposomal doxorubicin, a formulation of doxorubicin in liposomes whose surface contains the hydrophilic polymer methoxypolyethylene glycol, demonstrated superiority over free doxorubicin in animal models for ovarian cancer.

A recent trial in 35 women with histologically proven epithelial cancer of the ovaries evaluated the use of liposomal doxorubicin. A dose of 50 mg/m² was administered every three weeks in patients who have failed platinum (carboplatin and/or cisplatin) and paclitaxel. The small study included women who had previously received a variety of therapies for ovarian cancer. Nine patients (26%) had a documented response to liposomal doxorubicin therapy. The sites of response included liver, pelvis, and retroperitoneal lymph nodes. Response attainment was slow: median time of response was 5.5 months (range 2 to 8 months) and the median duration of response was 6 months (range 3.6 to 16 months). Toxicities included acute flushing reactions despite premedication with hydrocortisone, diphenhydramine, and cimetidine. Also seen were stomatitis, bone marrow depression, and palmar-plantar erythrodysesthesia (n=10) seen in previous trials with Doxil. Mucositis and the hand-foot syndrome required dose reduction to 40 mg/m² and an increase in dosing interval to every 4 weeks. Of note, alopecia did not occur and nausea/vomiting was mild.

Based on the response of patients with refractory ovarian cancer in this single agent liposomal doxorubicin trial, further studies will need to assess the role of this agent in the treatment of ovarian cancer. The potential use of Doxil in combination therapy with other active agents is promising.

(J Clin Oncol 1997;15(3):987-993.)

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ONCOLOGY DRUG UPDATES

Colorectal Cancer Screening: AHCPR Evidence Report

In January 1997, the Agency for Health Care Policy and Research (AHCPR) released an evidence-based report that indicates colorectal cancer screening is effective in detecting early-stage colorectal cancer and precursors. The Colorectal Cancer Screening Evidence Report is based on a review of 3,500 citations from the scientific literature published between 1966 and 1994. The review of the literature demonstrated that reductions in deaths from colorectal cancer can be achieved through detection and treatment of early-stage colorectal cancers and through identification and removal of adenomatous polyps.

The report indicated that most Americans are not screened for colorectal cancer despite evidence that screening with fecal occult blood testing has been shown to reduce colorectal cancer mortality. The report also concludes that further research is needed to demonstrate the effectiveness of other colorectal cancer screening tests and to determine the optimum intervals for such tests.

The American Gastroenterology Association (AGA) has used the information on colorectal screening to develop a guideline on colorectal cancer screening (Gastroenterology Feb 1997). An executive summary of the Evidence Report from AHCPR is available at (800)358-9295, fax (301)594-2800, or through the World Wide Web (http://www.ahcpr.gov).

(Oncology 1997;11(3):343-344.)

Myelodysplastic Syndrome: New Agents Demonstrate Activity

Myelodysplastic syndrome (MDS) are a heterogeneous group of disorders that include five well-defined pathologic entities: refractory anemia, refractory anemia with ringed sideroblasts, refractory anemia with excess blasts, refractory anemia with excess blasts in transformation, and chronic myelomonocytic leukemia (CMML). CMML has recently been considered separately because pathophysiologically appears to differ from the other subtypes of MDS. Treatment results with MDS have not been good, and patients with unfavorable prognostic features live less than a year after diagnosis. In the last five years, there has been increasing experience with the use of cytokines and growth factors to manage the cytopenias associated with MDS. Additionally, the role of bone-marrow transplantation is currently being investigated for this treatment of patients with MDS. Despite the progress, the prognosis of patients with MDS is still not favorable. Reports of the use of two new agents, topotecan and amifostine, in the treatment of MDS and CMML have recently been published and provide some hope for the future management of patients with MDS.

Topotecan, a drug recently approved for the treatment of refractory ovarian cancer, interacts with the enzyme topoisomerase 1 and through stabilization of the topo I-DNA complex causes cell death. Topotecan has been evaluated in a number of hematologic malignancies, and a recent study reports the success in 47 patients with MDS (n=22) and CMML (n=25). Patients were treated with topotecan 2 mg/m²/day x 5 days as a continuous infusion every 3 to 4 weeks until remission, then monthly for a maximum of 12 courses. Thirteen (28%) patients achieved a complete response to therapy. Toxicities were as expected: myelosuppression, mucositis (64%), diarrhea (32%), and nausea and vomiting (23%). (Blood 1996; 88(7):2473-2479.)

Amifostine, an aminothiol that is currently approved as a chemoprotectant administered prior to cisplatin-based therapy to decrease drug-induced nephrotoxicity, has been shown to promote formation of hematopoietic progenitors from MDS bone marrow. A phase I/II trial in patients with MDS and refractory cytopenia was discussed at the Annual Society of Hematology meeting in December 1996. In this study, patients received one of four dose regimens of amifostine: amifostine 100 mg/m² intravenously 3 times weekly, amifostine 200 mg/m² intravenously 3 times weekly, amifostine 400 mg/m² intravenously 3 times weekly, or amifostine 740 mg/m² weekly for 3 weeks followed by 2 weeks of observation alone. Of the 13 patients treated, nine patients (90%) experienced a single or multilineage hematologic response. Toxicities were seen more frequently in patients receiving > 200 mg/m² doses and included nausea/vomiting and fatigue. (Blood 1996; 88(10 suppl 1):453a (#1802)).

Treatment of MDS and CMML remains a clinical challenge. The result of these two reports demonstrates potential new strategies in the management of patients with these diagnoses.

AVERAGE WHOLESALE PRICES AND 1997 HCPCS CODES

As a reimbursement resource, the average wholesale prices (AWPs) and HCPCS codes are listed for drugs commonly used in cancer treatment. Products are listed alphabetically by their generic name. The AWPs are obtained from the *1996 Red Book* and the *June 1997 Red Book Update*.

For drugs that have multiple manufacturers, the AWP for the product that OTN most commonly stocks is listed. For ease of use, we list the AWP information in the first three columns and the billing code and units in the right two columns. Please refer to the *Sourcebook* for a complete listing of HCPCS codes.

PRODUCT	VIAL SIZE	NDC	JUNE AWP/VIAL	'97 HCPCS CODE	BILLING UNITS
Proleukin					
• Aldesleukin, pwd (interleukin-2)	22 MIU	53905-0991-01	442.00	J9015	per 22 MIU
Ethyol					
• Amifostine	500 mg	17314-7253-03	322.92	J3490*	per 500 mg
Fungizone					
Amphotericin B Oral Suspension	24 mL	00087-1162-10	26.25	J9999*/J3490*	
Blenoxane					
Bleomycin sulfate, pwd	15 units	00015-3010-20	304.60	J9040	per 15 units
	30 units	00015-3063-01	609.20	J9040	per 15 units
Paraplatin					
Carboplatin, pwd	50 mg	00015-3213-30	88.59	J9045	per 50 mg
	150 mg	00015-3214-30	265.71	J9045	per 50 mg
	450 mg	00015-3215-30	797.15	J9045	per 50 mg
BiCNU					
Carmustine, pwd w/diluent	100 mg	00015-3012-38	88.94	J9050	per 100 mg
Tagamet					
Cimetidine HCl, sol (150 mg/mL)	300 mg	00108-5017-16	3.96	J9999*/J3490*	
Platinol-AQ					
Cisplatin, sol (1 mg/mL)	50 mg MDV	00015-3220-22	184.84	J9062	per 50 mg
	100 mg MDV	00015-3221-22	369.65	J9062	per 50 mg
Leustatin					
Cladribine, sol (1 mg/mL)	10 mg	59676-0201-01	496.80	J9065	per 1 mg
Cytoxan Lyophilized					
Cyclophosphamide, lyophilized	100 mg	00015-0539-41	6.45	J9093	per 100 mg
	200 mg	00015-0546-41	12.25	J9094	per 200 mg
	500 mg	00015-0547-41	25.71	J9095	per 500 mg
	1 g	00015-0548-41	51.43	J9096	per 1 g
	2 g	00015-0549-41	102.89	J9097	per 2 g
Cytoxan Tablets					
Cyclophosphamide, tablets, 25 mg	100 per bottle	00015-0504-01	173.23	J8530	25 mg
Cyclophosphamide, tablets, 50 mg	100 per bottle	00015-0503-01	317.91	J8530	25 mg
Cyclophosphamide, tablets, 50 mg	1,000 per bottle	00015-0503-02	3,027.90	J8530	25 mg
Cytarabine, pwd	100 mg	00364-2467-53	6.00	J9100	per 100 mg
	100 mg	55390-0131-10	6.25	J9100	per 100 mg
	500 mg	00364-2468-54	23.06	J9110	per 500 mg
	500 mg	55390-0132-10	25.00	J9110	per 500 mg
	1 g	55390-0133-01	50.00	J9110	per 500 mg
	2 g	55390-0134-01	98.90	J9110	per 500 mg
DTIC-Dome					
Dacarbazine, pwd	100 mg	00026-8151-10	13.83	J9130	per 100 mg
	200 mg	00026-8151-20	22.23	J9140	per 200 mg
DaunoXome					
Daunorubicin citrate liposome inj (1 mg/mL)	50 mg	56146-0301-01	287.50	J9999*/J3490*	per 50 mg
Cerubidine					
Daunorubicin HCl, pwd	20 mg	55390-0281-10	168.50	J9150	per 10 mg
DDAVP					
Desmopressin Acetate, sol (4 mcg/mL)	1 mL	00075-2451-01	25.64	J2597	per 4 mcg
Dexamethasone, sol (10 mg/mL)	100 mg MDV	00364-2360-54	12.00	J1100	up to 4 mg/mL
Dexamethasone, sol (4 mg/mL)	20 mg MDV	00517-4905-25	2.19	J1100	up to 4 mg/mL
	120 mg MDV	00517-4930-25	7.84	J1100	up to 4 mg/mL
Zinecard					
Dexrazoxane for injection	250 mg	00013-8715-62	141.10	J1190	per 250 mg
	500 mg	00013-8725-89	282.19	J1190	per 250 mg
Diazepam, sol (5 mg/mL)	10 mg	00364-0825-48	3.60	J3360	up to 5 mg
	50 mg	00364-0825-54	21.97	J3360	up to 5 mg
Diphenhydramine HCl, sol (10 mg/mL)	300 mg	00364-6530-56	7.51	J1200	up to 50 mg
Diphenhydramine HCl, sol (50 mg/mL)	500 mg MDV	00364-6531-54	10.00	J1200	up to 50 mg
	50 mg	00641-0376-25	0.67	J1200	up to 50 mg
Taxotere					
Docetaxel for injection	20 mg	00075-8001-20	257.92	J9999*	
	80 mg	00075-8001-80	1,031.68	J9999*	

REIMBURSEMENT

PRODUCT	VIAL SIZE	NDC	JUNE AWP/VIAL	'97 HCPCS CODE	BILLING UNITS
Rubex®					
Doxorubicin, pwd	50 mg	00015-3352-22	197.15	J9000	per 10 mg
	100 mg	00015-3353-22	394.29	J9000	per 10 mg
Bedford Laboratories					
Doxorubicin, pwd	10 mg	55390-0231-10	45.08	J9000	per 10 mg
	20 mg	55390-0232-10	90.16	J9000	per 10 mg
	50 mg	55390-0233-01	225.40	J9000	per 10 mg
Doxorubicin, sol (2 mg/mL)	10 mg	55390-0235-10	47.35	J9000	per 10 mg
	20 mg	55390-0236-10	94.70	J9000	per 10 mg
	50 mg	55390-0237-01	236.74	J9000	per 10 mg
	200 mg MDV	55390-0238-01	945.98	J9000	per 10 mg
Adriamycin PFS®					
Doxorubicin, RDF pwd	10 mg	00013-1086-91	46.00	J9000	per 10 mg
	20 mg	00013-1096-94	92.00	J9000	per 10 mg
	50 mg	00013-1106-79	230.00	J9000	per 10 mg
	150 mg MDV	00013-1116-83	676.19	J9000	per 10 mg
Doxorubicin, pfs sol (2 mg/mL)	10 mg	00013-1136-91	48.31	J9000	per 10 mg
	20 mg	00013-1146-94	96.63	J9000	per 10 mg
	50 mg	00013-1156-79	241.56	J9000	per 10 mg
	75 mg	00013-1176-87	362.35	J9000	per 10 mg
	200 mg MDV	00013-1166-83	946.94	J9000	per 10 mg
DOXIL®					
Doxorubicin, HCl liposome inj. (2mg/mL)	20 mg	61471-0295-12	606.25	J9999*	
Procrit®					
Epoetin alfa	2,000 units/ mL	59676-0302-01	24.00	Q0136‡	1,000 units
	3,000 units/ mL	59676-0303-01	36.00	Q0136‡	1,000 units
	4,000 units/ mL	59676-0304-01	48.00	Q0136‡	1,000 units
	10,000 units/ mL	59676-0310-01	117.96	Q0136‡	1,000 units
	20,000 units/ 1 mL MDV	59676-0320-01	235.92	Q0136‡	1,000 units
	20,000 units/ 2 mL MDV	59676-0312-01	235.92	Q0136‡	1,000 units
VePesid® Capsules					
Etoposide, capsules, 50 mg	20 per box	00015-3091-45	751.60	J8560	50 mg
VePesid® For Injection					
Etoposide, injection (20 mg/mL)	100 mg MDV	00015-3095-20	136.49	J9182	per 100 mg
	150 mg MDV	00015-3084-20	204.74	J9182	per 100 mg
	500 mg MDV	00015-3061-20	665.38	J9182	per 100 mg
	1 gm MDV	00015-3062-20	1,296.64	J9182	per 100 mg
Etopophos®					
Etoposide phosphate for injection	100 mg	00015-3404-20	124.14	J9999*	per 100 mg
Fludara®					
Fludarabine phosphate, pwd	50 mg	50419-0511-06	188.04	J9185	per 50 mg
Fluorouracil, sol (50 mg/mL)	500 mg	39769-0012-10	3.75	J9190	per 500 mg
	2,500 mg	00013-1046-94	7.69	J9190	per 500 mg
	5,000 mg	39769-0012-90	25.00	J9190	per 500 mg
Neupogen®					
G-CSF (Filgrastim), sol (0.3 mg/mL)	300 mcg	55513-0530-10	161.30	J1440	per 300 mcg
	480 mcg	55513-0546-10	256.90	J1441	per 480 mcg
Gemzar®					
Gemcitabine HCl	200 mg	00002-7501-01	69.39	J9999*	
Gemcitabine HCl	1 g	00002-7502-01	346.94	J9999*	
Leukine®					
GM-CSF (Sargramostim), lyophilized	250 mcg	58406-0002-33	117.79	J2820	per 50 mcg
	500 mcg	58406-0001-35	235.58	J2820	per 50 mcg
Zoladex®					
Goserelin acetate, implant	3.6 mg syringe	00310-0960-36	410.51	J9202	per 3.6 mg
	10.8 mg syringe	00310-0961-30	1,231.53	J9202	per 3.6 mg
Kytril®					
Granisetron HCl, sol (1 mg/mL)	1 mL	00029-4149-01	177.40	J1625	per 1 mg
Ifex®					
Ifosfamide	1 g	00015-0556-41	119.85	J9208	per 1 g
	3 g	00015-0557-41	359.55	J9208	per 1 g
Ifex®/Mesnex™					
Ifosfamide (10 x 1 g)/mesna (10 x 1 g MDV)	Combo-Pack	00015-3554-27	2,004.70	J9208/J9209	
Ifosfamide (2 x 3 g)/mesna (6 x 1 g MDV)	Combo-Pack	00015-3564-15	1,202.75	J9208/J9209	
Ifosfamide (5 x 1 g)/mesna (3 x 1 g MDV)	Combo-Pack	00015-3556-26	829.63	J9208/J9209	
Venoglobulin I					
Immune globulin intravenous, 5% pwd w/IV set	2.5 g	49669-1602-01	152.05	J1561	per 500 mg
	5 g	49669-1603-01	304.10	J1561	per 500 mg
	10 g	49669-1604-01	608.20	J1561	per 500 mg
Venoglobulin S					
Immune globulin intravenous, 5% sol w/IV set	2.5 g	49669-1612-01	225.00	J1561	per 500 mg
	5 g	49669-1613-01	450.00	J1561	per 500 mg
	10 g	49669-1614-01	900.00	J1561	per 500 mg
Immune globulin intravenous, 10% sol w/IV set	5 g	49669-1622-01	475.00	J1562	per 5 g
	10 g	49669-1623-01	950.00	J1562	per 5 g
	20 g	49669-1624-01	1,900.00	J1562	per 5 g

REIMBURSEMENT

ONCOLOGY THERAPEUTICS NETWORK

PRODUCT	VIAL SIZE	NDC	JUNE AWP/VIAL	'97 HCPCS CODE	BILLING UNITS
Immune globulin intravenous, 10% sol w/IV set	1 g	00192-0649-12	75.00	J1561	per 500 mg
	5 g	00192-0649-20	375.00	J1562	per 5 g
	10 g	00192-0649-71	750.00	J1562	per 5 g
	20 g	00192-0649-24	1,500.00	J1562	per 5 g
Immune globulin intravenous, 5%-10% w/IV set	2.5 g	52769-0471-72	145.00	J1561 or J1562	
	5 g	52769-0471-75	290.00	J1561 or J1562	
	10 g	52769-0471-80	580.00	J1561 or J1562	
Rho D immune globulin intravenous	300 mcg	60492-0082-01	306.00	J3490[1]/J9999*	
Intron® A					
Interferon alfa 2b, solution HSA-free	3 MIU	00085-1184-01	33.92	J9214	per 1 MIU
	3 MIU PAK	00085-1184-02	33.92	J9214	per 1 MIU
	5 MIU	00085-1191-01	56.52	J9214	per 1 MIU
	5 MIU PAK	00085-1191-02	56.52	J9214	per 1 MIU
	10 MIU	00085-1179-01	113.04	J9214	per 1 MIU
	10 MIU PAK	00085-1179-02	113.04	J9214	per 1 MIU
	18 MIU MDV	00085-1168-01	203.47	J9214	per 1 MIU
	25 MIU MDV	00085-1133-01	282.62	J9214	per 1 MIU
Interferon alfa 2b, pwd	3 MIU MDV	00085-0647-03	33.92	J9214	per 1 MIU
	5 MIU MDV	00085-0120-02	56.52	J9214	per 1 MIU
	10 MIU MDV	00085-0571-02	113.04	J9214	per 1 MIU
	18 MIU MDV	00085-1110-01	203.47	J9214	per 1 MIU
	25 MIU MDV	00085-0285-02	282.62	J9214	per 1 MIU
	50 MIU MDV	00085-0539-01	565.21	J9214	per 1 MIU
Roferon® A					
Interferon alfa 2a, pwd w/3 mL diluent	18 MIU	00004-1993-09	203.48	J9213	per 3 MIU
Interferon alfa 2a, sol (3 MIU/mL)	3 MIU	00004-2009-09	33.94	J9213	per 3 MIU
Interferon alfa 2a, sol (10 MIU/mL)	9 MIU	00004-2010-09	95.55	J9213	per 3 MIU
Interferon alfa 2a, sol (6 MIU/mL)	18 MIU	00004-2011-09	203.48	J9213	per 3 MIU
Interferon alfa 2a, sol (36 MIU/mL)	36 MIU	00004-2012-09	407.00	J9213	per 3 MIU
Camptosar®					
Irinotecan HCl injection, CPT-11 (20 mg/mL)	5 mL	00009-7529-01	493.75	J9999*	
Leucovorin, pwd	50 mg	55390-0051-10	18.44	J0640	per 50 mg
	50 mg	58406-0621-05	21.53	J0640	per 50 mg
	100 mg	55390-0052-10	35.00	J0640	per 50 mg
	100 mg	58406-0622-06	39.41	J0640	per 50 mg
	200 mg	55390-0053-01	78.00	J0640	per 50 mg
	350 mg	58406-0623-07	137.94	J0640	per 50 mg
Lupron®					
Leuprolide acetate depot susp. (7.5 mg/mL)	7.5 mg	00300-3629-01	515.63	J9217	per 7.5 mg
	22.5 mg	00300-3336-01	1,546.89	J9217	per 7.5 mg
Lorazepam, sol (2 mg/mL)	2 mg MDV	00008-0581-04	12.01	J2060	per 2 mg
Lorazepam, sol (2 mg/mL)	20 mg MDV	00008-0581-01	107.00	J2060	per 2 mg
Lorazepam, sol (4 mg/mL)	40 mg MDV	00008-0570-01	133.74	J2060	per 2 mg
Lorazepam, sol (2 mg/mL), w/ syringe	2 mg	00008-0581-02	12.67	J2060	per 2 mg
Mannitol, 25% sol	50 mL	00074-4031-01	5.05	J2150	per 50 mL
Mustargen®					
Mechlorethamine HCl, pwd	10 mg	00006-7753-31	10.10	J9230	per 10 mg
Megace®					
Megestrol acetate, tablets, 20 mg	100 per bottle	00015-0595-01	75.68		
Megestrol acetate, tablets, 40 mg	100 per bottle	00015-0596-41	134.96		
	250 per bottle	00015-0596-46	330.68		
	500 per bottle	00015-0596-45	647.88		
Megace® Oral Suspension					
Megestrol acetate, oral suspension	8 fl oz	00015-0508-42	117.89		
Alkeran®					
Melphalan hydrochloride, pwd	50 mg	00173-0130-93	296.99	J9245	per 50 mg
Melphalan hydrochloride, tablets, 2 mg	50 per bottle	00173-0045-35	84.77	J8600	2 mg
Mesnex™					
Mesna, sol (100 mg/mL)	1 g MDV	00015-3563-02	155.70	J9209	per 200 mg
Methotrexate, pwd	20 mg	00205-4654-90	2.78	J9250	per 5 mg
	1,000 mg	58406-0671-05	61.44	J9260	per 50 mg
Methotrexate, pres. free sol (25 mg/mL)	50 mg	55390-0031-10	6.88	J9260	per 50 mg
	100 mg	55390-0032-10	8.75	J9260	per 50 mg
	200 mg	55390-0033-10	17.50	J9260	per 50 mg
	250 mg	55390-0034-10	26.88	J9260	per 50 mg
Methotrexate, sol w/pres. (25 mg/mL)	50 mg	58406-0681-14	4.75	J9260	per 50 mg
	250 mg	58406-0681-17	20.48	J9260	per 50 mg
Methotrexate, tablets, 2.5 mg	100 per bottle	00555-0572-02	362.95	J8610	2.5 mg
	36 per bottle	00555-0572-35	130.05	J8610	2.5 mg
Metoclopramide, sol w/pres. (5 mg/mL)	2 mL	39769-0066-02	2.35	J2765	up to 10 mg
Metoclopramide, pres. free sol (5 mg/mL)	50 mg	00013-6116-95	8.73	J2765	up to 10 mg
	150 mg	00013-6126-95	23.54	J2765	up to 10 mg
Mutamycin®					
Mitomycin, pwd	5 mg	00015-3001-20	134.11	J9280	per 5 mg
	20 mg	00015-3002-20	452.91	J9290	per 20 mg
	40 mg	00015-3059-20	915.09	J9291	per 40 mg

REIMBURSEMENT

PRODUCT	VIAL SIZE	NDC	JUNE AWP/VIAL	'97 HCPCS CODE	BILLING UNITS
Novantrone[2]					
Mitoxantrone, sol (2 mg/mL)	20 mg MDV	58406-0640-03	720.04	J9293	per 5 mg
	25 mg MDV	58406-0640-05	900.03	J9293	per 5 mg
	30 mg MDV	58406-0640-07	1,080.05	J9293	per 5 mg
Sandostatin[1]					
Octreotide Acetate, sol (50 mcg/mL)	50 mcg amp	00078-0180-03	5.21	J9999*/J3490†	
Octreotide Acetate, sol (100 mcg/mL)	100 mcg amp	00078-0181-03	9.54	J9999*/J3490†	
Octreotide Acetate, sol (500 mcg/mL)	500 mcg amp	00078-0182-03	43.62	J9999*/J3490†	
Zofran[2]					
Ondansetron HCl, sol (2 mg/mL)	40 mg MDV	00173-0447-00	244.43	J2405	per 1 mg
Ondansetron HCl, sol (2 mg/mL)	4 mg	00173-0442-02	24.45	J2405	per 1 mg
Ondansetron HCl, sol premixed (32 mg/50 mL D5W)	32 mg bag	00173-0461-00	206.41	J2405*	per 1 mg
TAXOL[2]					
Paclitaxel, semi-synthetic sol (6mg/ml)	30 mg	00015-3475-27	182.63	J9265	per 30 mg
	100 mg	00015-3476-27	608.76	J9265	per 30 mg
Aredia[2]					
Pamidronate disodium, pwd	30 mg	00083-2601-04	199.28	J2430	per 30 mg
	60 mg	00083-2606-01	398.58	J2430	per 30 mg
	90 mg	00083-2609-01	597.84	J2430	per 30 mg
Nipent[2,‡]					
Pentostatin, pwd	10 mg	00071-4243-01	1,440.00	J9268	per 10 mg
Prochlorperazine, sol (5 mg/mL)	10 mg	00364-2231-48	2.64	J0780	up to 10 mg
	50 mg MDV	00364-2231-54	13.00	J0780	up to 10 mg
Prochlorperazine, tablets, 10 mg	100 per box	00007-3367-20	94.50		
Zantac[1]					
Ranitidine, sol (50 mg/2 mL)	2 mL	00173-0362-38	3.99	J9999*/J3490†	
Zanosar[2]					
Streptozotcin, pwd	1 g	00009-0844-01	74.35	J9320	per 1 g
Vumon[2]					
Teniposide, 50 mg	5 mL amp	00015-3075-19	168.18	J9999*	per 50 mg
Thioplex[2]					
Thiotepa, pwd	15 mg	58406-0661-02	83.94	J9340	per 15 mg
Hycamtin[1,‡]					
Topotecan HCl lyoph pwd	4 mg	00007-4201-05	509.44	J9999*	
Neutrexin[2]					
Trimetrexate glucuronate, pwd	25 mg, 10s ea.	58178-0020-10	608.40	J3305	per 25 mg
	25 mg, 50s ea.	58178-0020-50	2,610.00	J3305	per 25 mg
Urokinase, sol (5,000 IU/mL)	5,000 IU	00074-6111-01	53.64	J3364	per 5,000 IU
	9,000 IU	00074-6145-02	93.54	J3364	per 5,000 IU
Vinblastine sulfate, pwd	10 mg	55390-0091-10	21.25	J9360	per 1 mg
	10 mg	00364-2447-54	37.50	J9360	per 1 mg
	10 mg	00469-2780-30	43.23	J9360	per 1 mg
Vinblastine sulfate, sol (1 mg/mL)	1 mg	00013-7456-86	37.08	J9370	per 1 mg
Vincristine, preservative free sol (1 mg/mL)	1 mg	61703-0309-06	31.75	J9370	per 1 mg
	2 mg	00013-7466-86	74.13	J9375	per 2 mg
	2 mg	61703-0309-16	38.25	J9375	per 2 mg
NAVELBINE[2]					
Vinorelbine tartrate, sol (10 mg/mL)	1 mL	00173-0656-01	64.71	J9390	per 10 mg
	5 mL	00173-0656-44	323.56	J9390	per 10 mg

* An AWP, HCPCS code or NDC that has changed or been added has been highlighted in color.

‡ The drug code J9999 is defined as "not otherwise classified, antineoplastic drug." The Health Care Financing Administration (HCFA) has not assigned specific codes to these drugs.

† The drug code J3490 is defined as "unclassified drug." These drugs may or may not be defined as an unclassified drug in your area. Consult your local carrier for the appropriate code.

‡ Q0136 is the code for non-ESRD (End Stage Renal Disease) use.

+ J2405 should be used for all formulations of Zofran.

OTN is pleased to introduce FedEx Express Saver for delivery of all supply items. FedEx Express Saver is a new service option from Federal Express that guarantees delivery within three days or less and will replace our current UPS and UPS 3-day service for supply shipments.

What this means to your practice is faster and more reliable delivery of all supply items you order from OTN. Federal Express is the world leader in tracking technology as well as expedited delivery. Now, OTN will be able to more accurately and efficiently track and monitor the delivery of your supply orders, as well as your drug orders.

FedEx Express Saver is backed by the OTN Service Guarantee.* As always, drug orders placed by 7 p.m. ET (4 p.m. PT) will be shipped to arrive on the next business day. If we fail to provide your practice with this level of service, we will, upon request, credit your account for $25 or donate $25 to the American Cancer Society in your practice's name.

* with the exception of weather delays, manufacturer's back orders and special-ordered items.

BULK RATE U.S. POSTAGE PAID MMS, Inc.

ADDRESS CORRECTION REQUESTED

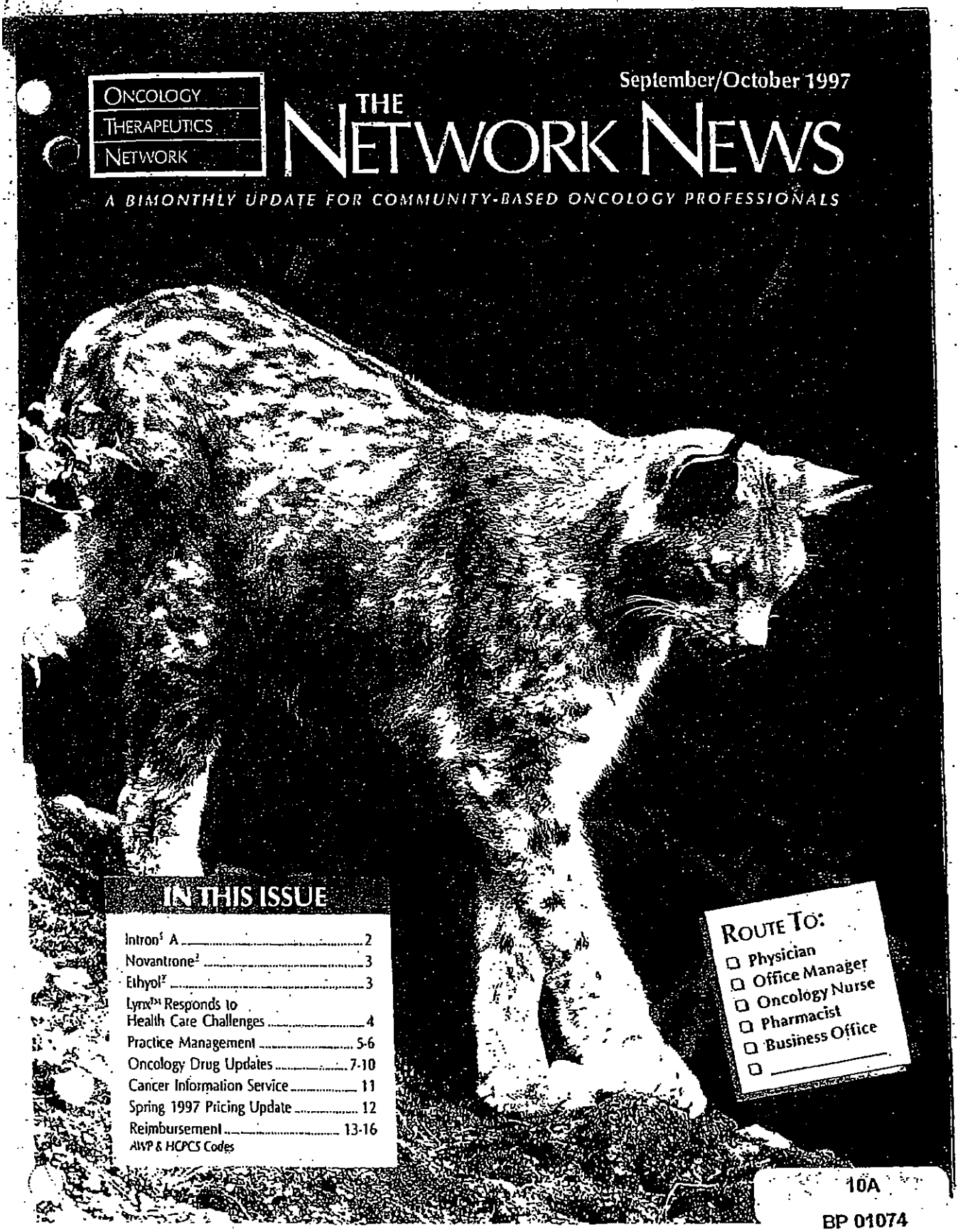
ONCOLOGY THERAPEUTICS NETWORK

ONCOLOGY THERAPEUTICS NETWORK

September/October 1997

THE NETWORK NEWS

A BIMONTHLY UPDATE FOR COMMUNITY-BASED ONCOLOGY PROFESSIONALS



IN THIS ISSUE

ROUTE TO:

- ☐ Physician
- ☐ Office Manager
- ☐ Oncology Nurse
- ☐ Pharmacist
- ☐ Business Office
- ☐ _____

10A

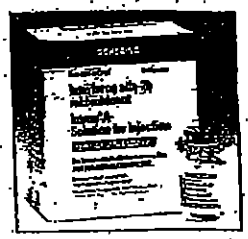
BP 01074

ONCOLOGY THERAPEUTICS NETWORK

Schering

INTRON® A — HSA-FREE —AND— ORIGINAL FORMULATION

(Interferon Alfa-2b, recombinant)*



OTN offers Intron A in the following sizes and formulations:

HSA-FREE SOLUTION*

CATALOG NUMBER	NDC	HCPCS CODE	ITEM	UNIT SIZE	ORDER QTY	PRICE/ UNIT
220-151	0085-1184-01	J9214	Intron A solution	3 MIU/0.5 mL	1	$30.40
220-161	0085-1191-01	J9214	Intron A solution	5 MIU/0.5 mL	1	$50.70
220-171	0085-1179-01	J9214	Intron A solution	10 MIU/1 mL	1	$101.30
220-191	0085-1168-01	J9214	Intron A solution	18 MIU/MDV	1	$182.40
220-194	0085-1133-01	J9214	Intron A solution	25 MIU/MDV	1	$253.15

HSA-FREE SOLUTION PAKS*

CATALOG NUMBER	NDC	HCPCS CODE	ITEM	UNIT SIZE	ORDER QTY	PRICE/ UNIT
220-156	0085-1184-02	J9214	Intron A solution, Pak-3	3 MIU	6	$30.40
220-166	0085-1191-02	J9214	Intron A solution, Pak-5	5 MIU	6	$50.70
220-174	0085-1179-02	J9214	Intron A solution, Pak-10	10 MIU	6	$101.30

Paks include six vials, six syringes, and six alcohol swabs

* HSA-free formulation is recommended for intramuscular, subcutaneous, or intralesional administration. Intron A solutions for injection are not recommended for IV administration.

ORIGINAL FORMULATIONS**

CATALOG NUMBER	NDC	HCPCS CODE	ITEM	UNIT SIZE	ORDER QTY	PRICE/ UNIT
220-150	0085-0647-03	J9214	Intron A powder	3 MIU/MDV	1	$30.40
220-160	0085-0120-02	J9214	Intron A powder	5 MIU/MDV	1	$50.70
220-170	0085-0571-02	J9214	Intron A powder	10 MIU/MDV	1	$101.30
220-175	0085-0285-02	J9214	Intron A powder	25 MIU/MDV	1	$253.15
220-186	0085-1110-01	J9214	Intron A powder	18 MIU/MDV	1	$182.40
220-180	0085-0539-01	J9214	Intron A powder	50 MIU/MDV	1	$506.70

** Original formulation is recommended for intramuscular, subcutaneous, intralesional, or intravenous administration.

Intron A is a product in OTN's Price Matching Program

INTRON A DOSING GUIDE

INDICATION	RECOMMENDED DOSAGE	RECOMMENDED VIAL SIZE
Chronic hepatitis C	3 MIU SC or IM TIW	3 MIU/0.5 mL or Pak-3 or 18 MIU MDV
Chronic hepatitis B	30 - 35 MIU/ week SC or IM (5 MIU qd or 10 MIU TIW x 16 weeks)	5 MIU/0.5 mL or Pak-5 or 10 MIU/1.0 mL or Pak-10
Malignant melanoma	Induction: 20 MIU/m² IV 5 consecutive days/week x 4 weeks Maintenance: 10 MIU/m² TIW SC x 48 weeks	50 MIU powder/1.0 mL 18 MIU powder/1.0 mL
Hairy-cell leukemia	2 MIU/ m² SC or 1 MIU TIW	5 MIU/0.5 mL or Pak-5 or 10 MIU/1.0 mL or Pak-10 or 18 MIU MDV
AIDS-related Kaposi's sarcoma	30 MIU/m² SC or IM TIW	50 MIU/1.0 mL powder
Condylomata acuminata	1 MIU TIW (alternate days) x 3 weeks	5 MIU/0.5 mL or Pak-5 or 10 MIU/1.0 mL or Pak-10

Comments and suggestions are welcome. Address them to: Mary Walsh, Editor, The etwork News; Oncology Therapeutics Network; 395 Oyster Point Blvd. Suite 405; South San Francisco, CA 94080.

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ONCOLOGY THERAPEUTICS NETWORK

NOVANTRONE®

(mitoxantrone for injection concentrate)

FROM IMMUNEX CORPORATION

NOVANTRONE® MITOXANTRONE For Injection Concentrate

PRODUCT INFORMATION

CATALOG NUMBER	NDC	ITEM	UNIT SIZE	ORDER QTY	PRICE/ UNIT*
902-200	58406-0640-03	Novantrone (2 mg/ml)	20 mg MDV	1	$647.00
902-210	58406-0640-05	Novantrone (2 mg/ml)	25 mg MDV	1	$809.00
902-220	58406-0640-07	Novantrone (2 mg/ml)	30 mg MDV	1	$970.00

NOVANTRONE PRODUCT SUPPORT:

Novantrone Reimbursement Hotline: 1-800-321-4669
Medical Information: 1-800-466-8639
J Code: ..... J9293 per 5 mg
ICD-9 Code (HRPC): 185

*Novantrone is a product in OTN's Price Matching Program

ETHYOL® (Amifostine for Injection)

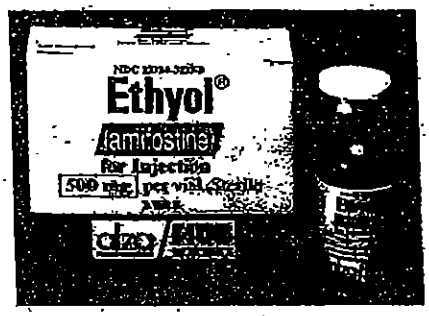
FROM ALZA PHARMACEUTICALS

alza PHARMACEUTICALS / US BIOSCIENCE

Alza Pharmaceuticals/US Bioscience has replaced refrigerated Ethyol with the new crystalline formulation. Prior to reconstitution, Ethyol can now be stored at room temperature.

Ethyol is also now mannitol-free and no longer carries the contraindication for mannitol-sensitive patients.

Ethyol is indicated to reduce the cumulative renal toxicity associated with repeated administration of cisplatin in patients with advanced ovarian cancer or non-small-cell lung cancer.



CATALOG NUMBER	NDC	ITEM	UNIT SIZE	ORDER QTY	PRICE/ UNIT
902-500	17314-7253-03	Ethyol	500mg	1	$289.50

For medical questions on Ethyol, please call: 1-800-506-4959
For reimbursement questions on Ethyol, please call: 1-800-609-1083

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BP 01076

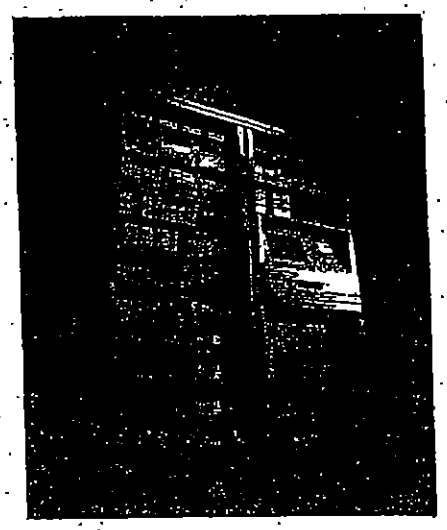
HIGHLY CONFIDENTIAL
BMS/AWP/000095650

ONCOLOGY THERAPEUTICS NETWORK

RESPOND TO TODAY'S HEALTHCARE CHALLENGES WITH LYNX™

LYNX FROM OTN

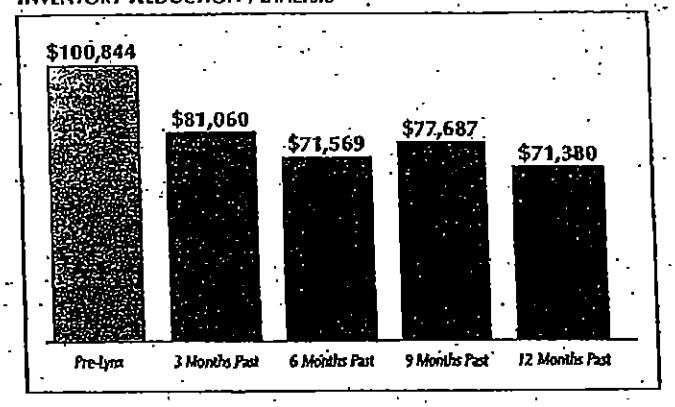
Lynx is the point-of-care drug dispensing and tracking system developed specifically for office-based oncology practices. This easy-to-use, fully integrated system links ordering, dispensing, tracking, billing, and reporting—ending time- and labor-intensive manual inventory management procedures, while simultaneously capturing treatment information for your practice.



CONTROL INVENTORY

Lynx decreases inventory and purchasing management time—when drugs and supplies fall below pre-set minimum levels, Lynx automatically places a restocking order with OTN. The system tracks orders from placement through delivery, providing status instantly via the touch-screen monitor. These two system functions allow the average practice to reduce their on-hand inventory by 20-30% and maintain this reduction percentage as the practice grows. The benefits are reduced inventory carrying costs and improved cash flow.

INVENTORY REDUCTION ANALYSIS



This graph illustrates the average total inventory dollars for five Lynx practices over a one-year period. Significant inventory shows dollar reduction of 20-30% in practices that utilize the Lynx system. The total pre-Lynx inventory dollars were determined by calculating the physical inventory taken prior to Lynx installation multiplied by OTN catalog pricing. Subsequent inventories were calculated by using month-end Lynx inventory report totals multiplied by OTN catalog pricing.

Call your OTN representative today to find out how to put the power of Lynx to work in your practice:

1-800-482-6700

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BP 01077

Are there any laws requiring the Medicare carrier to pay claims on a timely basis?

The law requires Medicare carriers to pay 95% of clean claims within 30 days. Carriers must pay interest on the 31st day of receipt of a clean claim, regardless of whether the 95% requirement has been met, at the rate established by the Secretary of the Treasury (i.e., currently 7% per annum). A clean claim, for the purpose of this law, means a claim that has no defect or impropriety (including any lack of required substantiating documentation) or particular circumstances requiring special treatment that prevents timely payment from being made on the claim.

In response to a recommendation of the United States General Accounting Office, Medicare recently issued regulations authorizing carriers to make advance payments when timely payments cannot be made. An advance payment is defined as a carrier's conditional partial payment to a physician in a Part B claim that the carrier is unable to process within the 30-day time limit. An advance payment may be made if the carrier is unable to process the claim, if HCFA determines that prompt payment of interest is insufficient to make the physician whole, and if the advance payment is expressly authorized by HCFA in writing. The law further specifies that advance payment can be made to a physician who is delinquent and/or repaying a Medicare overpayment or one who has been advised that he/she is under active medical review or program integrity investigation. To start the process going, a physician's request for advance payment should be forwarded to the carrier in writing.

Editor's Note: *Reprinted with permission. This article originally appeared in the Association of Northern California Oncologists (ANCO) Newsletter and is compiled from the California Medical Association's CMA On-Call Information on Demand Service available at (800)592-4CMA. This article cites state law specific to California. Contact your state medical association or state health department, office of the insurance commissioner for applicable laws in your state.*

What recourse do I have if a payer (plan, IPA, or other contracting entity) is late in paying me?

There are several California state laws designed to increase the odds that physicians will receive timely payment of claims from health insurers, managed care plans (other than ERISA plans), and independent practice associations (IPAs) or other entities which contract with them. Health insurers and health care service plans, other than HMOs (such as Blue Shield), are required to reimburse any uncontested portion of any claim no later than 30 working days after receipt of the claim by the insurer or health care service plan. HMOs are required to pay within 45 working days. These rules now apply to contracting IPAs also. There have been occasions where plans attempt to extend these periods, by contract, to 60 days. Physicians should consider whether they wish to waive this right to timely payment (and whether they have a choice to negotiate). Furthermore, it is not clear whether or not this waiver would be legally valid.

Insurers and health care service plans and their contracting IPAs that pay late must pay interest of 10% per year on all late payments beginning with the first calendar day after the 30 (or 45) working-day period has elapsed.

If a claim is contested or denied, the payer must provide written notice within 30 working days after receipt of the claim (45 working days for HMOs). The notice must identify the portion of the claim that is contested and the specific reasons for contesting the claim. The law defines a reasonably contested claim as one where the insurer has not received the completed claim and all information necessary to determine liability for the claim, or has not been granted reasonable access to information concerning provider services. Information necessary to determine payer liability includes reports of investigations concerning fraud and misrepresentation, necessary consents, releases, and assignments, a claim on appeal, or other information necessary for the plan to determine the medical necessity for the health care service provided.

Continued on the following page

ONCOLOGY THERAPEUTICS NETWORK

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SAMPLE LETTER REQUESTING PAYMENT OF CLAIM WITH INTEREST

Dear (plan Administrator):

We have not received payment for services provided to (patient) on (date of service) in the amount of (claim amount). The claim was sent to (name of plan) on (date claim sent). Under California law (Health & Safety Code 1371; Insurance Code 10123.13), health care service plans (and their contracting IPAs) are required to pay non-contested claims within 45 days, and other third-party payers (and their contracting IPAs) within 30 days. If the claim is contested or denied, the plan must provide such written notice within the 30-day or 45-day period. (Contested claims must be paid within the same time periods, after further required information has been sent.) Otherwise, interest accrues on late claims at a rate of 10%.

To date, we have not received notice that this claim is being contested.

At this time, we are requesting payment of the above-referenced claim in the amount of (claim amount) plus 10% interest. If we do not receive payment in this amount by (date), we will consider further action.

Thank you in advance for your anticipated cooperation.

Sincerely,

(name of physician)

If the claim is contested on the basis that the plan has not received all information necessary to determine payment liability, the plan has 30 working days (45 working days if the plan is an HMO) after receipt of the additional information to complete reconsideration of the claim.

Health plans no longer avoid those responsibilities by having IPAs or other contract entities pay claims.

Physicians who have not been paid within the above time limits should send a letter of request to the payer (see sample letter in the insert). The letter should request any amounts that are past due as well as the required interest under the law. If this letter is not heeded, physicians will need to either take the plan to court (potentially small claims court if the amount owed is under $5,000) or to arbitration. Most managed-care contracts require such disputes to be settled in arbitration.

May a plan or health insurer ask a non-contracting physician to cut his or her rates in exchange for more timely payment?

There is no law which prohibits a plan or health insurer from asking for a discount. However, as stated above, the law does require that health insurers and health care service plans, other than HMOs (such as Blue Shield), pay uncontested claims no later than 30 working days after receipt of the claim by the insurer (45 working days for HMOs). A non-contracting physician's refusal to grant a discount does not excuse the health insurer or plan from complying with the requirement.

Rituximab, (Rituxen,™ IDEC Pharmaceuticals Corporation) A Chimeric Anti-CD20 Monoclonal Antibody for Recurrent B-cell Non-Hodgkin's Lymphoma

FDA "APPROVABLE" STATUS

The therapeutic usefulness of native or unmodified monoclonal antibodies (MAbs) has recently been convincingly demonstrated in the treatment of non-Hodgkin's lymphomas (NHLs). B-cell NHLs belong to a group of neoplasms responding particularly well to monoclonal antibody therapy because the neoplastic B cells circulate in the peripheral blood, allowing the antibody to bind to its target directly after injection. In contrast, solid tumors have a poor and heterogenous blood supply and often require internalization of the MAb before it binds to its target.

Of the human tumor antigens known, the only human tumor-specific antigens which are recognized by murine MAbs are the clonotypic epitopes on the variable region of the surface immunoglobulin molecules of B cell malignancies.[1] These so-called idiotypes are exclusively expressed by cells originating from the malignant cell clone. Recent data suggest that antiproliferative effects exerted by anti-idiotype MAbs can ultimately lead to programmed cell death.[1] This likely occurs by cross-linking of the immunoglobulin receptor complex by anti-idiotype MAbs leading to tyrosine phosphorylation and growth arrest in neoplastic B cells.[1] Unfortunately, the practical application of anti-idiotype MAbs is limited by the need to custom-make antibodies against individual tumors, the emergence of resistant clones, and the presence of circulating idiotypes in many patients that can bind to target cells. Genetic manipulations make it possible to engineer chimeric antibodies with murine-binding sites and human constant regions that have lower immunogenicity, longer half-lives, and are able to lyse tumor cells using human complement or antibody-dependent cell-mediated cytotoxicity (ADCC).[2]

The antigen CD20, a 32-kD non-glycosylated phosphoprotein present on the surface of nearly all B cells, provides a universal target for immunotherapy. CD20 is expressed on the surface of normal B cells during most phases of cell differentiation. Importantly, it is not expressed on early pre-B cells, stem cells, or antigen-presenting dendritic reticulum cells. Although the function of the molecule is not completely understood, it may aggregate and function as a calcium channel. Antibodies that bind to surface CD20 can induce a transmembrane signal that causes a variety of effects from cell activation to blocking cell cycle differentiation. More than 90% of B-cell NHLs express this surface protein.[2]

IDEC Pharmaceuticals Corporation has produced a chimeric anti-CD20 antibody, rituximab, which is able to lyse CD20+ B cells using human complement or human effector cells (ADCC) 1,000-fold more effectively than the murine antibody. Preclinical trials have shown that approximately 80% of CD20+ B cells in peripheral blood, lymph nodes, spleen and bone marrow are depleted using repeated doses of the chimeric antibody. No toxicities were observed in these studies.[2]

A Phase I, dose-escalation trial of 15 patients with relapsed or low-grade non-Hodgkin's lymphoma demonstrated rituximabs' safety and antitumor properties. Treatment-related adverse effects were correlated with the number of circulating CD20 cells and included fever, nausea, rigor, orthostatic hypotension, bronchospasms and thrombocytopenia. No significant toxicities were observed during a 3-month follow-up period. Tumor regressions occurred in 6 of the 15 patients; 2 with partial responses and 4 with minor responses.[2]

More recently, the results of a Phase II trial were reported in 34 patients with relapsed low-grade or follicular non-Hodgkin's B cell lymphoma. Four weekly infusions of rituximab were administered. 22 (65%) experienced tumor shrinkage of which 3 exhibited a complete response to therapy, 13 exhibited partial responses (tumor shrinkage by greater than 50%) and 6 experienced minor responses (tumor shrinkage by greater than 25% but less than 50%) representing an overall response rate of 47%. All of the responders (complete and partial) remained in remission with response durations ranging from 4.4 to 9.2 months at the time of the report. The primary adverse effect reported during this trial was flu-like symptoms with the first of four infusions. All adverse effects were reportedly mild to moderate in severity.[3]

On July 25, 1997, the Biological Response Modifiers Advisory Committee for the Food and Drug Administration favorably reviewed the rituximab pivotal trial data and unaminously recomended it for marketing clearance. Of the 80 responders, 38 remain in remission 11.8 months following treatment. Combined data from a single-arm, open-label trial (n=166) and a Phase II trial (n=37) in low-grade, B-cell NHL patients indicates an overall response rate of 48% with complete remissions in 6%. The median duration of response is more than nine months and the median time to progression is greater than 11.4 months to date. All patients received a 375 mg/M² IV infusion

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RITUXIMAB
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once weekly for four weeks. Adverse effects included (in descending order of incidence): fever, chills, nausea, headache, angioedema, pruritis, emesis, bronchospasm, hypotension, thrombocytopenia, abdominal pain, diarrhea, urticaria, neutropenia, arthralgias and myalgias. Again, most toxicities were experienced with only the first infusion, graded as mild to moderate in severity, and were ameliorated with acetaminophen and diphenhydramine.[1]

IDEC has developed Rituxan in collaboration with Genentech. Both companies have jointly submitted biologic license Applications (BLAs) to the FDA to support their shared responsibility for product manufacturing. Two companies will co-promote Rituxan in the US market. Rituximab will likely be the first monoclonal antibody approved for an oncologic indication in the United States. This agent may offer the majority of patients with aggressive lymphomas and low-grade lymphomas who aren't cured by current therapies and opportunity for cure, increased survival and increased quality of life.

REFERENCES:

1. Renner C, Trumper L, Pfreundschuh M. Monoclonal antibodies in the treatment of non-Hodgkin's lymphoma: Recent results and future prospects. Leukemia 1997;11:555-559.
2. Maloney DG, Liles TM, Czerwinski DK, et al. Phase I clinical trial using escalating single-dose infusion of chimeric anti-CD20 monoclonal antibody (IDEC-C2B8) in patients with recurrent B-cell lymphoma. Blood 1994;84:2457-2466.
3. Phase II results using a new antibody in the treatment of lymphoma [news]. Oncology 1994;8:84, 87.
4. IDEC/Genetech rituxan non-Hodgkin's lymphoma responders: Half in remission at one year. First -line and combination chemotherapy studies with MAB Planned. F-D-C Reports—The Pink Sheet. July 28, 1997:8.

FDA "APPROVABLE" STATUS

Interleukin-11 (Neumega,™ Genetics Institute): A New Platelet Growth Factor for Patients Receiving Cancer Chemotherapy

Interleukin-11 (IL-11) is a stromal cell-derived cytokine that has multiple effects on hematopoietic and non-hematopoietic systems (Table 1). Its primary activity in hematopoiesis is a maturational effect on megakaryocyte precursors, thus stimulating platelet production. In vitro, IL-11 enhances the growth of early progenitor cells and promotes megakaryocytopoiesis and erythropoiesis. Because of its ability to stimulate leukemia and myeloma cells in vitro, its clinical use in patients with hematological malignancies has been restricted.

Recombinant IL-11 has demonstrated the ability to accelerate platelet recovery from chemotherapy- or bone marrow transplantation-induced thrombocytopenia. A phase I trial in women with locally advanced or metastatic (stage IIIB or IV) breast cancer reported the safety and activity of IL-11.[1] In this trial, cohorts of 3 to 5 women were accrued to 5 dosage levels of IL-11 (10, 25, 50, 75 or 100 mcg/kg/day, respectively). It was administered as a daily subcutaneous injection for 14 days. The safety of IL-11 was evaluated during a 28-day cycle before chemotherapy was initiated. Following the safety cycle, patients received IL-11 for 12 days at the assigned dosage after the administration of up to four cycles of cyclophosphamide (1500 mg/m^2) and doxorubicin (60 mg/m^2) given on day 1 of each cycle. IL-11 was well tolerated at dosages less than or equal to 50 mcg/kg/day. At or below this dosage level, adverse events included reversible, mild constitutional symptoms such as fatigue, myalgias, and arthralgias. Because of the severity of grade 2 constitutional symptoms at the 75 mcg/kg/day dosage level, dose escalation was stopped and 75 mcg/kg/day was defined as the maximally tolerated dose. All patients developed therapy-related anemia that was not dose-related. Anemia typically occurred within the first several days of treatment and resolved within days of discontinuation of IL-11. The authors felt the anemia was related to plasma volume expansion and urinary sodium retention as these effects were noted in a study of normal volunteers receiving IL-11.[1]

The pre-chemotherapy administration of IL-11 induced a dose-related increase in platelets. Platelet counts had a mean peak increase of 76%, 93%, 108% and 185% over baseline in patients treated at the 10, 25, 50 and 75 mcg/kg/day dosage levels, respectively. A gradual increase in platelets was seen during the second week of therapy and a maximal effect was seen following the completion of the 14 days of therapy. No myeloid or erythroid effects were noted. Compared with patients at the 10 mcg/kg dosage level, patients receiving doses of greater than or equal to 25 mcg/kg/day experienced less thrombocytopenia in the first two cycles of chemotherapy.[1]

Preliminary results of another phase I trial of IL-11 in women undergoing high-dose chemotherapy followed by bone marrow transplantation demonstrated a similar safety profile. However, several

women developed atrial arrhythmias. The cardiac arrhythmias may result from plasma volume expansion and urinary sodium retention as described previously. A modest reduction in the duration of thrombocytopenia was reported at doses ranging from 10 to 75 mcg/kg/day in this trial.[3]

In a multicenter, randomized phase II trial,[4] IL-11 dosages of 25 and 50 mcg/kg/day were compared with placebo. Patients were eligible for the study if they experienced severe thrombocytopenia (platelet count less than or equal to 20,000/mL) and received a platelet transfusion with a previous cycle of chemotherapy. Patients were randomized to receive placebo or IL-11 at 25 or 50 mcg/kg/day starting the day after chemotherapy completion and continuing until the platelet count recovered to greater than or equal to 100,000/mL. Patients with a history of leukemia or who experienced sepsis or disseminated intravascular coagulation with the previous chemotherapy cycle were excluded. In the 50 mcg/kg/day group, 8 of 27 (30%) successfully completed therapy without requiring a platelet transfusion compared with only one patient (4%) in the placebo group. Of the patients treated with 25 mcg/kg/day, 18% did not require platelet transfusion. A trend toward fewer transfusions was also noted in the IL-11-treated patients. Side effects reported were similar to those seen in the phase I trials with a small number of patients experiencing atrial arrhythmias. Most cardiac events were identified on Holter monitor tracings rather than by clinical signs and symptoms. No clinically significant consequences resulted from these abnormal heart tracings. For this reason, the authors recommended close monitoring of cardiac function and electrolyte balance, especially when diuretics are administered to reduce the risk of this event, when IL-11 is used in the clinical setting.

More recently, a primary prevention trial (no history of severe thrombocytopenia following cancer chemotherapy) evaluated 77 breast cancer patients in a double-blind, placebo-controlled fashion.[5,6] Patients receiving moderately high-dose chemotherapy with cyclophosphamide and doxorubicin were randomized to receive IL-11 50 mcg/kg/day or placebo following the first and second cycles of chemotherapy. Overall, 68% of the patients who received IL-11 did not require platelet transfusion during the first 2 cycles of chemotherapy compared with 41% in the control group. Among patients who completed both cycles of chemotherapy without major protocol violations, 79% and 52% of the IL-11 and placebo-treated patients avoided a platelet transfusion, respectively. The number of platelet transfusions required were significantly different between IL-11 and placebo (0.8 vs. 2.2 transfusions). Furthermore, platelet counts recovered to greater than 50,000/mL by day 19 in all IL-11 patients. This was not the case with the placebo recipients.[5,6]

Another trial evaluated IL-11 in 75 metastatic or high-risk primary breast cancer patients being treated with high-dose chemotherapy and peripheral blood progenitor or autologous bone marrow support.[6] Patients were randomized to receive placebo or IL-11 (25mcg/kg/day or 50 mcg/kg/day). There was a trend in favor of IL-11 for decreased platelet transfusion requirement, the number of patients who required more than 10 units of platelets and the number of patients who failed to engraft their platelets by day 30. IL-11 was well tolerated and the incidence of atrial arrhythmias was equal between study groups.

Other potentially useful effects of IL-11 include the promotion and maintenance of epithelial cell integrity and prevention of mucous membrane injury following radiotherapy and chemotherapy.[7] Serious infection during radiotherapy and chemotherapy often results from damage to the gastrointestinal mucosal barrier, allowing entry of gastrointestinal flora into the blood. In mice who have undergone cytoablative therapy, IL-11 induced recovery of the small-intestinal mucosa, decreasing the incidence of bacterial infection due to gut organisms.[7] Therefore, IL-11 may be useful not only to promote platelet recovery but to prevent life-threatening infections that arise from the gastrointestinal tract.

IL-11 is a new cytokine with high selectivity for megakaryocytes. In clinical trials, it has been well tolerated and void of toxicities common to other cytokines including fever and the capillary leak syndrome. On July 24, 1997, the Food and Drug Administration's Biological Response Modifiers Advisory Committee reviewed the clinical trial data for IL-11. They recommended approval of the agent for secondary "prevention of chemotherapy-induced thrombocytopenia and the reduction of the need for platelet transfusions in patients with non-myeloid malignancies."[5] More data are needed to evaluate the benefit of IL-11 in the primary prevention of chemotherapy-induced thrombocytopenia. Concern about the number of adverse effects associated with fluid and sodium retention led to a committee recommendation for close monitoring of fluid and electrolytes in patients receiving IL-11, especially in patients who receive diuretics to counteract fluid retention. They also suggested that IL-11 be administered with

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INTERLUKIN-11
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caution in patients with severe or uncompensated congestive heart failure, a history of atrial arrhythmias, or significant exposure to cardiotoxins such as doxorubicin.[5]

Approximately 25% of patients who receive cancer chemotherapy develop thrombocytopenia that requires a reduction of subsequent chemotherapy dosages, a delay in subsequent chemotherapy cycles, or platelet transfusion. With the increased use of aggressive chemotherapy strategies, the number of transfused platelets in the United States has risen approximately 30%.[6] Platelet transfusions are also associated with a number of problems including fever (18% to 30%) and development of antibodies (20% to 30%), which renders future platelet transfusions ineffective.[6] Also, the risk of bacterial and viral transmission remains a problem despite safety procedures. To maintain chemotherapy dose-intensification and to avoid risks associated with platelet transfusions, alternative strategies are needed that prevents or treats chemotherapy-induced thrombocytopenia. It is possible that IL-11 will be the first commercially available cytokine to meet this need.

REFERENCES:

1. Gordon MS, McCaskill-Stevens W, Baltiato LA, et al. A phase I trial of recombinant human interleukin-11 (Neumega IL-11 growth factor) in women with breast cancer receiving chemotherapy. Blood 1996;87:3615-3624.
2. Ault K, Mitchell J, Knowles C, et al. Recombinant human interleukin eleven (Neumega IL-11 growth factor) increases plasma volume and decreases urine sodium excretion in normal human subjects. Blood 1994;84:1089A.
3. Champlin R, Mehra R, kaye J, et al. Recombinant human interleukin eleven (IL-11) following autologous BMT for breast cancer. Blood 1994;84:1567A.
4. Tepler I, Elias L, Smith JW, et al. A randomized placebo-controlled trial of recombinant human interleukin-11 in cancer patients with severe thrombocytopenia due to chemotherapy. Blood 1996;87:3607-3614.
5. GI Neumega has "modest" benefit in reducing chemo-therapy-induced thrombocytopenia – FDA Reviewer; Label should caution about volume expansion. F-D-C Reports– The Pink Sheet. July 28, 1997:9-10.
6. Clinical studies of IL-11, new platelet growth factor, presented [news]. Oncology 1997;11:248, 251.
7. Teramura M, Kobayashi S, Yoshinaga K, et al. Effect of interleukin-11 on normal and pathological thrombopoiesis. Cancer Chemother Pharmacol 1996;38 (suppl):S99-S102.

TABLE 1. PHYSIOLOGICAL EFFECTS OF IL-11.

HEMATOLOGICAL EFFECTS:

- Promotion of proliferation and differentiation of multilineage progenitor cells
- Stimulation of proliferation of granulocyte-macrophage progenitor cells
- Stimulation of proliferation of early and late erythroid progenitor cells
- Promotion of proliferation and maturation of megakaryocytes
- Induction of neutrophilia and thrombocytosis
- Acceleration of recovery from neutropenia, anemia, and thrombocytopenia
- Inhibition of lipoprotein lipase activity and adipocyte differentiation
- Stimulation of the growth of myeloid leukemia cells
- Autocrine growth factor in megakaryoblastic leukemia cell lines
- Stimulation of the growth of myeloma and plasmacytoma cell lines

NONHEMATOLOGICAL EFFECTS:

- Enhancement of antigen-specific antibody responses
- Induction of airway hyperresponsiveness
- Involvement in the formation of pulmonary inflammation
- Acceleration of the recovery of gastrointestinal mucosa after chemotherapy
- Induction of cardiac hypertrophy
- Enhancement of gastrointestinal absorption of iron
- Promotion of neuronal development
- Inhibition of bone formation by osteoblasts
- Stimulation of osteoclast development
- Stimulation of the production of the metalloproteinase tissue inhibitor by chondrocytes and synoviocytes
- Induction of acute-phase protein synthesis

Copied with permission from Teramura, et al. Cancer Chemother Pharmacol. 1996;38(suppl):S99-S102.

ONCOLOGY THERAPEUTICS NETWORK

FOR CANCER PATIENTS, HEALTH PROFESSIONALS AND THE PUBLIC:

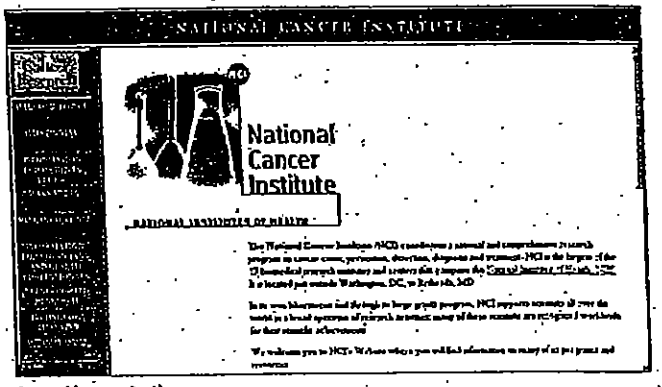
CANCER INFORMATION SERVICE

A National Information and Education Network

The Cancer Information Service (CIS), a national information and education network, is a free public service of the National Cancer Institute (NCI), the nation's primary agency for cancer research. This award-winning program is the source of the latest, most accurate cancer information for patients, their families, the general public, and health professionals. The CIS also serves as a resource for education and outreach to minority audiences and to people with limited access to health care information or services.

People who call the CIS receive accurate and thorough answers to their questions from professionals who have been specially trained to translate the latest scientific information into understandable language. Providing confidential, personalized attention to each caller, CIS staff address cancer issues, including ways to prevent cancer, information on screening and early detection, diagnosis, current treatment options, and research studies and advances.

The CIS provides referrals to cancer-related community services such as Food and Drug Administration-certified mammography facilities. In addition, it distributes NCI materials to callers.



http://rex.nci.nih.gov.

CONTACTING CIS

- The CIS serves the entire United States and Puerto Rico through 19 regional offices located at NCI-designated cancer centers and other health care institutions across the country.
- CIS offices can be reached Monday through Friday from 9 a.m. to 4:30 p.m. local time by dialing 1-800-4-CANCER (1-800-422-6237).
- Calls are automatically routed to the office that serves the caller's region.
- The CIS responds to calls in English or Spanish.
- People with TTY equipment may call 1-800-332-8615.
- The CIS web site is located at http://rex.nci.nih.gov.

When you or your community needs the latest, most accurate cancer information, call the Cancer Information Service at 1-800-4-CANCER, or contact its Web site at http://rex.nci.nih.gov.

ONCOLOGY THERAPEUTICS NETWORK

SPRING 1997 PRODUCT AND PRICING CHANGES

▲ Reflects a price increase ▼ Reflects a price decrease • Reflects a product description change

902-500	Ethyol	Amifostine	500 mg	$289.50	NEW
220-500	Ethyol	Amifostine	500 mg		No Longer Available
903-110	Amphotec	Amphotericin B Cholesteryl Sulfate Cmpx Inj. (50 mg)	20 mL	$80.00	NEW
903-120	Amphotec	Amphotericin B Cholesteryl Sulfate Cmpx Inj. (100 mg)	50 mL	$137.10	NEW
940-200	Desferal	Deferoxamine Mesylate, powder	500 mg	$10.90	▲
201-120	Taxotere	Docetaxel for Injection	20 mg	$217.25	▲
201-180	Taxotere	Docetaxel for Injection	80 mg	$869.00	▲
101-100	Adriamycin PFS	Doxorubicin HCl, solution (2 mg/mL)	10 mg	$10.50	▼
101-110	Adriamycin PFS	Doxorubicin HCl, solution (2 mg/mL)	20 mg	$21.00	▼
101-120	Adriamycin PFS	Doxorubicin HCl, solution (2 mg/mL)	50 mg	$42.00	▼
101-130	Adriamycin PFS	Doxorubicin HCl, solution (2 mg/mL)	75 mg	$63.00	▼
101-150	Adriamycin PFS	Doxorubicin HCl, solution (2 mg/mL)	200 mg MDV	$168.00	▼
801-105	Adriamycin RDF	Doxorubicin HCl, RDF powder	10 mg	$10.00	▼
801-115	Adriamycin RDF	Doxorubicin HCl, RDF powder	20 mg	$20.00	▼
801-125	Adriamycin RDF	Doxorubicin HCl, RDF powder	50 mg	$40.00	▼
801-145	Adriamycin RDF	Doxorubicin HCl, RDF powder	150 mg MDV	$120.00	▼
803-010	Bedford	Doxorubicin HCl, powder	10 mg	$10.00	▼
803-020	Bedford	Doxorubicin HCl, powder	20 mg	$20.00	▼
803-050	Bedford	Doxorubicin HCl, powder	50 mg	$40.00	▼
102-010	Bedford	Doxorubicin HCl, solution (2mg/mL)	10 mg	$10.50	▼
102-020	Bedford	Doxorubicin HCl, solution (2mg/mL)	20 mg	$21.00	▼
102-050	Bedford	Doxorubicin HCl, solution (2mg/mL)	50 mg	$42.00	▼
102-200	Bedford	Doxorubicin HCl, solution (2mg/mL)	200 mg MDV	$168.00	▼
901-172	Gensia	Etoposide (Glass Vial)	100 mg	$28.00	NEW
901-171	Gensia	Etoposide (Glass Vial)	500 mg	$140.00	NEW
901-175	Gensia	Etoposide inj. (Plastic)	1000 mg	$283.50	NEW
110-110	Pepcid	Famotidine (10 mg/mL)	2 mL	$3.60	Catalog #
110-112	Pepcid	Famotidine (10 mg/mL)	4 mL MDV	$7.15	Change
210-000	Fludara	Fludarabine Phosphate, powder (x5)	50 mg	$178.40	▲
840-150	Romazicon	Flumazenil, solution (0.1 mg/mL) (x10)	0.5 mg MDV	$30.10	▼
840-160	Romazicon	Flumazenil, solution (0.1 mg/mL) (x10)	1 mg MDV	$47.85	▼
801-415	Pharmacia	Fluorouracil, solution (50mg/mL) (x10)	500 mg	$1.39	Catalog #
801-425	Pharmacia	Fluorouracil, solution (50mg/mL) (x5)	2500 mg	$8.75	Change
801-475	Pharmacia	Fluorouracil, solution (50 mg/mL) (x5)	5000 mg	$16.95	▲
801-400	Pharmacia	Fluorouracil, solution (50mg/mL) (x10)	500 mg		No Longer Available
801-440	Pharmacia	Fluorouracil, solution (50mg/mL) (x5)	2500 mg		No Longer Available
801-460	Pharmacia	Fluorouracil, solution (50 mg/mL) (x5)	5000 mg		No Longer Available
801-410	Solopak	Fluorouracil, solution (50mg/mL) (x10)	500 mg	$1.39	NEW
801-470	Solopak	Fluorouracil, solution (50 mg/mL)	5000 mg	$15.00	NEW
900-200	Kytril	Granisetron HCl, solution (1mg/mL)	1 mL	$37.90	▲
970-202	Kytril	Granisetron HCl, tablets 1mg	2 per bottle	$45.50	▲
900-204	Kytril	Granisetron HCl, solution (1 mg/mL)	4 mL	$551.50	NEW
970-220	Kytril	Granisetron HCl, tablets 1mg	20 per bottle	$755.55	▲
901-290	Camptosar	Irinotecan HCl (20 mg/mL)	5 mL	$429.00	▲
901-180	Gensia	Leucovorin, powder	100 mg	$4.90	NEW
901-185	Gensia	Leucovorin, powder	350 mg	$21.00	NEW
801-725	Immunex	Leucovorin, powder	350 mg	$19.00	▼
901-850	TAP	Leuprolide Acetate Depot, suspension (1 month)	7.5 mg	$465.50	▲
901-855	TAP	Leuprolide Acetate Depot, suspension (3month)	22.5 mg	$1,396.00	▲
840-555	Solu-Medrol	Methylprednisolone Sod. Succ. w/2mL diluent	125 mg	$3.35	NEW
841-310	Faulding	Metoclopramide, preservative free solution (5mg/mL) (25/bx)	50 mg	$12.95	▼
802-000	Immunex	Methotrexate, preservative free solution (25 mg/mL)	50 mg	$3.70	▲
960-300	Versed	Midazolam, solution (1 mg/mL) C-IV (x10)	2 mg	$	▲
960-310	Versed	Midazolam, solution (5 mg/mL) C-IV (x10)	5 mg	$	▲
902-200	Novantrone	Mitoxantrone, solution (2mg/mL)	20 mg MDV	$647.00	▲
902-210	Novantrone	Mitoxantrone, solution (2mg/mL)	25 mg MDV	$809.00	▲
920-220	Novantrone	Mitoxantrone, solution (2mg/mL)	30 mg MDV	$970.00	▲
230-130	Merck	Mumps Virus Vaccine	1 dose/vial	$12.75	▼
900-050	Zofran Injection	Ondansetron HCl, solution premixed (32 mg/50 mL D5W)	1 bag	$131.84	▲
900-100	Zofran Injection	Ondansetron HCl, solution (2 mg/mL)	40 mg MDV	$169.95	▲
900-105	Zofran	Ondansetron oral susp 4mg/5ml	50 mL bd	$127.50	NEW
840-200	Aredia	Pamidronate Disodium, powder (x4)	30 mg	$192.75	▲
840-260	Aredia	Pamidronate Disodium, powder	60 mg	$380.25	▲
230-305	Pneumovax 23	Pneumococcal Vaccine Polyvalent (0.5 mL/dose) (x10)	1 dose/vial	$11.85	NEW
144-201	WinRho SDF	Rho D Immune Globulin SDF IV, powder	300 mcg	$356.00	NEW
144-200	WinRho S/D	Rho D Immune Globulin IV, Powder	300 mcg		No Longer Available
901-285	Hycamtin	Topotecan HCl, lyophilized powder (single vials)	4 mg	$428.50	NEW
230-135	Varivax	Varicella Virus Vaccine, Live w/diluent (0.5 mL/dose) SDV	1 dose/vial	$45.50	▲
230-140	Varivax	Varicella Virus Vaccine, Live w/diluent (0.5 mL/dose) SDV 10/	1 dose/vial	$45.00	NEW
102-750	Vincasar	Vincristine, preservative free solution(1 mg/mL)	1 mg	$6.80	▲
102-755	Vincasar	Vincristine, preservative free sol (1 mg/mL)	2 mg	$11.60	▲
102-760	Faulding	Vincristine, preservative free solution (1mg/mL)	1 mg	$6.65	▲
200-101	Navelbine Infection	Vinorelbine Tartrate, solution (10mg/mL)	1 mL	$56.60	Catalog
200-105	Navelbine Injection	Vinorelbine Tartrate, solution (10 mg/mL)	5 mL	$283.00	Correction

10A

BP 01085

HIGHLY CONFIDENTIAL
BMS/AWP/000095659

AVERAGE WHOLESALE PRICES AND 1997 HCPCS CODES

As a reimbursement resource, the average wholesale prices (AWPs) and HCPCS codes are listed for drugs commonly used in cancer treatment. Products are listed alphabetically by their generic name. The AWPs are obtained from the *1996 Red Book* and the *August 1997 Red Book Update*.

For drugs that have multiple manufacturers, the AWP for the product that OTN most commonly stocks is listed. For ease of use, we list the AWP information in the first three columns and the billing code and units in the right two columns. Please refer to the *Sourcebook* for a complete listing of HCPCS codes.

PRODUCT	VIAL SIZE	NDC	AUGUST AWP/VIAL	'97 HCPCS CODE	BILLING UNITS
Proleukin®					
Aldesleukin, pwd (Interleukin-2)	22 MIU	53905-0991-01	442.00	J9015	per 22 MIU
Ethyol®					
Amifostine	500 mg	17314-7253-03	322.92	J3490*	per 500 mg
Fungizone®					
Amphotericin B Oral Suspension	24 mL	00087-1162-10	26.25	J9999*/J3490*	
Blenoxane®					
Bleomycin sulfate, pwd	15 units	00015-3010-20	304.60	J9040	per 15 units
	30 units	00015-3063-01	609.20	J9040	per 15 units
Paraplatin®					
Carboplatin, pwd	50 mg	00015-3213-30	88.59	J9045	per 50 mg
	150 mg	00015-3214-30	265.71	J9045	per 50 mg
	450 mg	00015-3215-30	797.15	J9045	per 50 mg
BiCNU®					
Carmustine, pwd w/diluent	100 mg	00015-3012-38	88.94	J9050	per 100 mg
Tagamet®					
Cimetidine HCl, sol (150 mg/mL)	300 mg	00108-5017-16	3.96	J9999*/J3490*	
Platinol®-AQ					
Cisplatin, sol (1 mg/mL)	50 mg MDV	00015-3220-22	184.84	J9062	per 50 mg
	100 mg MDV	00015-3221-22	369.65	J9062	per 50 mg
Leustatin®					
Cladribine, sol (1 mg/mL)	10 mg	59676-0201-01	496.80	J9065	per 1 mg
Cytoxan® lyophilized					
Cyclophosphamide, lyophilized	100 mg	00015-0539-41	6.45	J9093	per 100 mg
	200 mg	00015-0546-41	12.25	J9094	per 200 mg
	500 mg	00015-0547-41	25.71	J9095	per 500 mg
	1 g	00015-0548-41	51.43	J9096	per 1 g
	2 g	00015-0549-41	102.89	J9097	per 2 g
Cytoxan® Tablets					
Cyclophosphamide, tablets, 25 mg	100 per bottle	00015-0504-01	173.23	J8530	25 mg
Cyclophosphamide, tablets, 50 mg	100 per bottle	00015-0503-01	317.91	J8530	25 mg
Cyclophosphamide, tablets, 50 mg	1,000 per bottle	00015-0503-02	3,027.90	J8530	25 mg
Cytarabine, pwd	100 mg	00364-2467-53	6.00	J9100	per 100 mg
	100 mg	55390-0131-10	6.25	J9100	per 100 mg
	500 mg	00364-2468-54	23.06	J9110	per 500 mg
	500 mg	55390-0132-10	25.00	J9110	per 500 mg
	1 g	55390-0133-01	50.00	J9110	per 500 mg
	2 g	55390-0134-01	98.90	J9110	per 500 mg
DTIC-Dome®					
Dacarbazine, pwd	100 mg	00026-8151-10	13.83	J9130	per 100 mg
	200 mg	00026-8151-20	22.23	J9140	per 200 mg
DaunoXome®					
Daunorubicin citrate liposome inj (1 mg/mL)	50 mg	56146-0301-01	287.50	J9999*/J3490*	per 50 mg
Cerubidine®					
Daunorubicin HCl, pwd	20 mg	55390-0281-10	168.50	J9150	per 10 mg
DDAVP®					
Desmopressin Acetate, sol (4 mcg/mL)	1 mL	00075-2451-01	25.64	J2597	per 4 mcg
Dexamethasone, sol (10 mg/mL)	100 mg MDV	00364-2360-54	12.00	J1100	up to 4 mg/mL
Dexamethasone, sol (4 mg/mL)	20 mg MDV	00517-4905-25	2.19	J1100	up to 4 mg/mL
	120 mg MDV	00517-4930-25	7.84	J1100	up to 4 mg/mL
Zinecard™					
Dexrazoxane for injection	250 mg	00013-8715-62	141.10	J1190	per 250 mg
	500 mg	00013-8725-89	282.19	J1190	per 250 mg
Diazepam, sol (5 mg/mL)	10 mg	00364-0825-48	3.60	J3360	up to 5 mg
	50 mg	00364-0825-54	21.97	J3360	up to 5 mg
Diphenhydramine HCl, sol (10 mg/mL)	300 mg	00364-6530-56	7.51	J1200	up to 50 mg
Diphenhydramine HCl, sol (50 mg/mL)	500 mg MDV	00364-6531-54	10.00	J1200	up to 50 mg
	50 mg	00641-0376-25	0.67	J1200	up to 50 mg
Taxotere®					
Docetaxel for injection	20 mg	00075-8001-20	257.92	J9999*	
	80 mg	00075-8001-80	1,031.68	J9999*	

REIMBURSEMENT

PRODUCT	VIAL SIZE	NDC	AUGUST AWP/VIAL	'97 HCPCS CODE	BILLING UNITS
Rubex®					
Doxorubicin, pwd	50 mg	00015-3352-22	197.15	J9000	per 10 mg
	100 mg	00015-3353-22	394.29	J9000	per 10 mg
Bedford Laboratories					
Doxorubicin, pwd	10 mg	55390-0231-10	45.08	J9000	per 10 mg
	20 mg	55390-0232-10	90.16	J9000	per 10 mg
	50 mg	55390-0233-01	225.40	J9000	per 10 mg
Doxorubicin, sol (2 mg/mL)	10 mg	55390-0235-10	47.35	J9000	per 10 mg
	20 mg	55390-0236-10	94.70	J9000	per 10 mg
	50 mg	55390-0237-01	236.74	J9000	per 10 mg
	200 mg MDV	55390-0238-01	945.98	J9000	per 10 mg
Adriamycin™					
Doxorubicin, RDF pwd	10 mg	00013-1086-91	46.00	J9000	per 10 mg
	20 mg	00013-1096-94	92.00	J9000	per 10 mg
	50 mg	00013-1106-79	230.00	J9000	per 10 mg
	150 mg MDV	00013-1116-83	676.19	J9000	per 10 mg
Doxorubicin, pfs sol (2 mg/mL)	10 mg	00013-1136-91	48.31	J9000	per 10 mg
	20 mg	00013-1146-94	96.63	J9000	per 10 mg
	50 mg	00013-1156-79	241.56	J9000	per 10 mg
	75 mg	00013-1176-87	362.35	J9000	per 10 mg
	200 mg MDV	00013-1166-83	946.94	J9000	per 10 mg
DOXIL®					
Doxorubicin, HCl liposome inj. (2mg/mL)	20 mg	61471-0295-12	606.25	J9999*	
Procrit®					
Epoetin alfa	2,000 units/ mL	59676-0302-01	24.00	Q0136†	1,000 units
	3,000 units/ mL	59676-0303-01	36.00	Q0136†	1,000 units
	4,000 units/ mL	59676-0304-01	48.00	Q0136†	1,000 units
	10,000 units/ mL	59676-0310-01	117.96	Q0136†	1,000 units
	20,000 units/ 1 mL MDV	59676-0320-01	235.92	Q0136†	1,000 units
	20,000 units/ 2 mL MDV	59676-0312-01	235.92	Q0136†	1,000 units
VePesid® Capsules					
Etoposide, capsules, 50 mg	20 per box	00015-3091-45	751.60	J8560	50 mg
VePesid® For Injection					
Etoposide, injection (20 mg/mL)	100 mg MDV	00015-3095-20	136.49	J9182	per 100 mg
	150 mg MDV	00015-3084-20	204.74	J9182	per 100 mg
	500 mg MDV	00015-3061-20	665.38	J9182	per 100 mg
	1 gm MDV	00015-3062-20	1,296.64	J9182	per 100 mg
Etopophos®					
Etoposide phosphate for injection	100 mg	00015-3404-20	124.14	J9999*	per 100 mg
Fludara®					
Fludarabine phosphate, pwd	50 mg	50419-0511-06	188.04	J9185	per 50 mg
Fluorouracil, sol (50 mg/mL)	500 mg	39769-0012-10	3.75	J9190	per 500 mg
	2,500 mg	00013-1046-94	7.69	J9190	per 500 mg
	5,000 mg	39769-0012-90	25.00	J9190	per 500 mg
Neupogen®					
G-CSF (Filgrastim), sol (0.3 mg/mL)	300 mcg	55513-0530-10	161.30	J1440	per 300 mcg
	480 mcg	55513-0546-10	256.90	J1441	per 480 mcg
Gemzar®					
Gemcitabine HCl	200 mg	00002-7501-01	69.39	J9999*	
Gemcitabine HCl	1 g	00002-7502-01	346.94	J9999*	
Leukine®					
GM-CSF (Sargramostim), lyophilized	250 mcg	58406-0002-33	117.79	J2820	per 50 mcg
	500 mcg	58406-0001-35	235.58	J2820	per 50 mcg
Zoladex®					
Goserelin acetate, implant	3.6 mg syringe	00310-0960-36	410.51	J9202	per 3.6 mg
	10.8 mg syringe	00310-0961-30	1,231.53	J9202	per 3.6 mg
Kytril®					
Granisetron HCl, sol (1 mg/mL)	1-mL	00029-4149-01	177.40	J1625	per 1 mg
Ifex®					
Ifosfamide	1 g	00015-0556-41	119.85	J9208	per 1 g
	3 g	00015-0557-41	359.55	J9208	per 1 g
Ifex®/Mesnex™					
Ifosfamide (10 x 1 g)/mesna (10 x 1 g MDV)	Combo-Pack	00015-3554-27	2,004.70	J9208/J9209	
Ifosfamide (2 x 3 g)/mesna (6 x 1 g MDV)	Combo-Pack	00015-3564-15	1,202.75	J9208/J9209	
Ifosfamide (5 x 1 g)/mesna (3 x 1 g MDV)	Combo-Pack	00015-3556-26	829.63	J9208/J9209	
Venoglobulin I					
Immune globulin intravenous, 5% pwd w/IV set	2.5 g	49669-1602-01	152.05	J1561	per 500 mg
	5 g	49669-1603-01	304.10	J1561	per 500 mg
	10 g	49669-1604-01	608.20	J1561	per 500 mg
Venoglobulin S					
Immune globulin intravenous, 5% sol w/IV set	2.5 g	49669-1612-01	225.00	J1561	per 500 mg
	5 g	49669-1613-01	450.00	J1561	per 500 mg
	10 g	49669-1614-01	900.00	J1561	per 500 mg
Immune globulin intravenous, 10% sol w/IV set	5 g	49669-1622-01	475.00	J1562	per 5 g
	10 g	49669-1623-01	950.00	J1562	per 5 g
	20 g	49669-1624-01	1,900.00	J1562	per 5 g

REIMBURSEMENT

PRODUCT	VIAL SIZE	NDC	AUGUST AWP/VIAL	'97 HCPCS CODE	BILLING UNITS
Immune globulin intravenous, 10% sol w/IV set	1 g	00192-0649-12	75.00	J1561	per 500 mg
	5 g	00192-0649-20	375.00	J1562	per 5 g
	10 g	00192-0649-71	750.00	J1562	per 5 g
	20 g	00192-0649-24	1,500.00	J1562	per 5 g
Immune globulin intravenous, 5%-10% w/IV set	2.5 g	52769-0471-72	145.00	J1561 or J1562	
	5 g	52769-0471-75	290.00	J1561 or J1562	
	10 g	52769-0471-80	580.00	J1561 or J1562	
Rho D immune globulin intravenous	300 mcg	60492-0082-01	306.00	J3490[a]/J9999[a]	
Intron® A					
Interferon alfa 2b, solution HSA-free	3 MIU	00085-1184-01	33.92	J9214	per 1 MIU
	3 MIU PAK	00085-1184-02	33.92	J9214	per 1 MIU
	5 MIU	00085-1191-01	56.52	J9214	per 1 MIU
	5 MIU PAK	00085-1191-02	56.52	J9214	per 1 MIU
	10 MIU	00085-1179-01	113.04	J9214	per 1 MIU
	10 MIU PAK	00085-1179-02	113.04	J9214	per 1 MIU
	18 MIU MDV	00085-1168-01	203.47	J9214	per 1 MIU
	25 MIU MDV	00085-1133-01	282.62	J9214	per 1 MIU
Interferon alfa 2b, pwd	3 MIU MDV	00085-0647-03	33.92	J9214	per 1 MIU
	5 MIU MDV	00085-0120-02	56.52	J9214	per 1 MIU
	10 MIU MDV	00085-0571-02	113.04	J9214	per 1 MIU
	18 MIU MDV	00085-1110-01	203.47	J9214	per 1 MIU
	25 MIU MDV	00085-0285-02	282.62	J9214	per 1 MIU
	50 MIU MDV	00085-0539-01	565.21	J9214	per 1 MIU
Roferon® A					
Interferon alfa 2a, pwd w/3 mL diluent	18 MIU	00004-1993-09	203.48	J9213	per 3 MIU
Interferon alfa 2a, sol (3 MIU/mL)	3 MIU	00004-2009-09	33.94	J9213	per 3 MIU
Interferon alfa 2a, sol (10 MIU/mL)	9 MIU	00004-2010-09	95.55	J9213	per 3 MIU
Interferon alfa 2a, sol (6 MIU/mL)	18 MIU	00004-2011-09	203.48	J9213	per 3 MIU
Interferon alfa 2a, sol (36 MIU/mL)	36 MIU	00004-2012-09	407.00	J9213	per 3 MIU
Camptosar®					
Irinotecan HCl injection, CPT-11 (20 mg/mL)	5 mL	00009-7529-01	493.75	J9999[a]	
Leucovorin, pwd	50 mg	55390-0051-10	18.44	J0640	per 50 mg
	50 mg	58406-0621-05	21.53	J0640	per 50 mg
	100 mg	55390-0052-10	35.00	J0640	per 50 mg
	100 mg	58406-0622-06	39.41	J0640	per 50 mg
	200 mg	55390-0053-01	78.00	J0640	per 50 mg
	350 mg	58406-0623-07	137.94	J0640	per 50 mg
Lupron®					
Leuprolide acetate depot, susp. (7.5 mg/mL)	7.5 mg	00300-3629-01	540.63	J9217	per 7.5 mg
	22.5 mg	00300-3336-01	1,621.89	J9217	per 7.5 mg
Lorazepam, sol (2 mg/mL)	2 mg MDV	00008-0581-04	12.01	J2060	per 2 mg
Lorazepam, sol (2 mg/mL)	20 mg MDV	00008-0581-01	107.00	J2060	per 2 mg
Lorazepam, sol (4 mg/mL)	40 mg MDV	00008-0570-01	133.74	J2060	per 2 mg
Lorazepam, sol (2 mg/mL), w/ syringe	2 mg	00008-0581-02	12.67	J2060	per 2 mg
Mannitol, 25% sol	50 mL	00074-4031-01	5.05	J2150	per 50 mL
Mustargen®					
Mechlorethamine HCl, pwd	10 mg	00006-7753-31	10.10	J9230	per 10 mg
Megace®					
Megestrol acetate, tablets, 20 mg	100 per bottle	00015-0595-01	75.68		
Megestrol acetate, tablets, 40 mg	100 per bottle	00015-0596-41	134.96		
	250 per bottle	00015-0596-46	330.68		
	500 per bottle	00015-0596-45	647.88		
Megace® Oral Suspension					
Megestrol acetate, oral suspension	8 fl oz	00015-0508-42	117.89		
Alkeran®					
Melphalan hydrochloride, pwd	50 mg	00173-0130-93	296.99	J9245	per 50 mg
Melphalan hydrochloride, tablets, 2 mg	50 per bottle	00173-0045-35	84.77	J8600	2 mg
Mesnex®					
Mesna, sol (100 mg/mL)	1 g MDV	00015-3563-02	155.70	J9209	per 200 mg
Methotrexate, pwd	20 mg	00205-4654-90	2.78	J9250	per 5 mg
	1,000 mg	58406-0671-05	61.44	J9260	per 50 mg
Methotrexate, pres.-free sol (25 mg/mL)	50 mg	55390-0031-10	6.88	J9260	per 50 mg
	100 mg	55390-0032-10	8.75	J9260	per 50 mg
	200 mg	55390-0033-10	17.50	J9260	per 50 mg
	250 mg	55390-0034-10	26.88	J9260	per 50 mg
Methotrexate, sol w/pres. (25 mg/mL)	50 mg	58406-0681-14	4.75	J9260	per 50 mg
	250 mg	58406-0681-17	20.48	J9260	per 50 mg
Methotrexate, tablets, 2.5 mg	100 per bottle	00555-0572-02	362.95	J8610	2.5 mg
	36 per bottle	00555-0572-35	130.05	J8610	2.5 mg
Metoclopramide, sol w/pres. (5 mg/mL)	2 mL	39769-0066-02	2.35	J2765	up to 10 mg
Metoclopramide, pres.-free sol (5 mg/mL)	50 mg	00013-6116-95	8.73	J2765	up to 10 mg
	150 mg	00013-6126-95	23.54	J2765	up to 10 mg
Mutamycin®					
Mitomycin, pwd	5 mg	00015-3001-20	134.11	J9280	per 5 mg
	20 mg	00015-3002-20	452.91	J9290	per 20 mg
	40 mg	00015-3059-20	915.09	J9291	per 40 mg

REIMBURSEMENT

PRODUCT	VIAL SIZE	NDC	AUGUST AWP/VIAL	'97 HCPCS CODE	BILLING UNITS
Novantrone®					
Mitoxantrone, sol (2 mg/mL)	20 mg MDV	58406-0640-03	720.04	J9293	per 5 mg
	25 mg MDV	58406-0640-05	900.03	J9293	per 5 mg
	30 mg MDV	58406-0640-07	1,080.05	J9293	per 5 mg
Sandostatin‡					
Octreotide Acetate, sol (50 mcg/mL)	50 mcg amp	00078-0180-03	5.21	J9999*/J3490†	
Octreotide Acetate, sol (100 mcg/mL)	100 mcg amp	00078-0181-03	9.54	J9999*/J3490†	
Octreotide Acetate, sol (500 mcg/mL)	500 mcg amp	00078-0182-03	43.62	J9999*/J3490†	
Zofran®					
Ondansetron HCl, sol (2 mg/mL)	40 mg MDV	00173-0442-00	244.43	J2405	per 1 mg
Ondansetron HCl, sol (2 mg/mL)	4 mg	00173-0442-02	24.45	J2405	per 1 mg
Ondansetron HCl, sol premixed (32 mg/50 mL D5W)	32 mg bag	00173-0461-00	206.41	J2405♦	per 1 mg
TAXOL®					
Paclitaxel, semi-synthetic sol (6mg/ml)	30 mg	00015-3475-27	182.63	J9265	per 30 mg
	100 mg	00015-3476-27	608.76	J9265	per 30 mg
Aredia®					
Pamidronate disodium, pwd	30 mg	00083-2601-04	207.26	J2430	per 30 mg
	60 mg	00083-2606-01	408.54	J2430	per 30 mg
	90 mg	00083-2609-01	597.84	J2430	per 30 mg
Nipent™					
Pentostatin, pwd	10 mg	00071-4243-01	1,440.00	J9268	per 10 mg
Prochlorperazine, sol (5 mg/mL)	10 mg	00364-2231-48	2.64	J0780	up to 10 mg
	50 mg MDV	00364-2231-54	13.00	J0780	up to 10 mg
Prochlorperazine, tablets, 10 mg	100 per box	00007-3367-20	94.50		
Zantac®					
Ranitidine, sol (50 mg/2 mL)	2 mL	00173-0362-38	3.99	J9999*/J3490†	
Zanosar®					
Streptozocin, pwd	1 g	00009-0844-01	74.35	J9320	per 1 g
Vumon®					
Teniposide, 50 mg	5 mL amp	00015-3075-19	168.18	J9999*	per 50 mg
Thioplex®					
Thiotepa, pwd	15 mg	58406-0661-02	83.94	J9340	per 15 mg
Hycamtin™					
Topotecan HCl lyoph pwd	4 mg	00007-4201-05	509.44	J9999*	
Neutrexin®					
Trimetrexate glucuronate, pwd	25 mg, 10s ea.	58178-0020-10	608.40	J3305	per 25 mg
	25 mg, 50s ea.	58178-0020-50	2,610.00	J3305	per 25 mg
Urokinase, sol (5,000 IU/mL)	5,000 IU	00074-6111-01	53.64	J3364	per 5,000 IU
	9,000 IU	00074-6145-02	93.54	J3364	per 5,000 IU
Vinblastine sulfate, pwd	10 mg	55390-0091-10	21.25	J9360	per 1 mg
	10 mg	00364-2447-54	37.50	J9360	per 1 mg
Vinblastine sulfate, sol (1 mg/mL)	10 mg	00469-2780-30	43.23	J9360	per 1 mg
Vincristine, preservative free sol (1 mg/mL)	1 mg	00013-7456-86	37.08	J9370	per 1 mg
	1 mg	61703-0309-06	31.75	J9370	per 1 mg
	2 mg	00013-7466-86	74.13	J9375	per 2 mg
	2 mg	61703-0309-16	38.25	J9375	per 2 mg
NAVELBINE®					
Vinorelbine tartrate, sol (10 mg/mL)	1 mL	00173-0656-01	64.71	J9390	per 10 mg
	5 mL	00173-0656-44	323.56	J9390	per 10 mg

- An AWP, HCPCS code or NDC that has changed or been added has been highlighted in color.

* The drug code J9999 is defined as "not otherwise classified, antineoplastic drug." The Health Care Financing Administration (HCFA) has not assigned specific codes to these drugs.

† The drug code J3490 is defined as "unclassified drug." These drugs may or may not be defined as an unclassified drug in your area. Consult your local carrier for the appropriate code.

‡ Q0136 is the code for non-ESRD (End Stage Renal Disease) use.

♦ J2405 should be used for all formulations of Zofran.